

Annual Report

to the

North Carolina Department of Health and Human Services

Division of Social Services

on the

Family Reunification Programs

for State Fiscal Year 2007

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Executive Summary

This report presents data and findings on North Carolina's Family Reunification Services (FRS) Program from State Fiscal Year 2006 – 2007 (SFY 2007) and on a five-year history of families served SFY 2003 through SFY 2007. This is the third report on the FRS program, and it presents general findings from the last fiscal year as well as trends from the last five years. In-depth analyses will be undertaken as a part of future annual reports, in response to administrative and program response to this report.

Since the Family Reunification Services program began in 1999, it has served 813 families. The number of families served over the last five years has averaged 132 per year. In SFY 2007, 155 families received services from 18 FRS programs across 41 counties. There were 221 caretakers and 313 children served directly by these services.

Treatment outcomes are favorable among families served by FRS programs, although reunification rates are below the national standards set by the Children's Bureau under the states' Child and Family Service Reviews. At the time of case closure, 39.4% of children served during SFY 2007 were living in the home and an additional 20.3% were living with relatives or family friend. Thus, a combined total of 60% of children were living with parents, relatives or family friend, compared to only 42% (12% in home, 28% with relatives, 2% with family friend) of children living with family members at case opening. However, at the time of case closure, 34% percent of children were living in foster care, and 6% were living in a group home setting.

Measures of internal consistency (Cronbach's alphas) are respectable for the NCFAS-R Version R2.0, as used by the FRS providers. The data collected indicate the FRS interventions are capable of improving family functioning across all measured domains, with 54% to 73% of families rated at "baseline or above" at case closure across the seven domains, compared to only

30% to 59% of families at case opening. Further, the validity of the scale is supported by findings that the measured improvements in family functioning are statistically significantly associated with family reunification.

Over the 5 years covered in this report, there has been a shift in the types of families served, although this shift does not appear to have influenced reunification rates. Beginning in SFY 2002, there has been a rapid decline in the proportion of identified caretakers presenting with substance abuse problems.¹ There has been a significant and increasing proportion of minority children served over the last five years. In recent years, the average length of service appears to have decreased and the total amount of contact hours spent with a family over the life of the case has decreased somewhat. The data reveal a trend towards a reduced number of successful case closures marked by an increase in cases closed because the service period is ending or the family withdraws or is uncooperative with services, fewer children living in the home setting at case closing, and more children in DSS legal custody at case closing. The trends identified in the preceding sentence do not portend well for the integrity or the effectiveness of the program.

A summary of key findings is presented in the last section of this report. Some of the trends exhibited in the data bear scrutiny and more detailed examination as the total number of families in the data archive increases.

¹ When Reunification Services were initially funded by the Division in 1999, they were funded as a pilot program called Restoring Families. A requirement for acceptance in this program was that the caretaker have an identified substance abuse problem which directly contributed to the removal of the children in question. In SFY 2002 Reunification programs were expanded across the state and the requirement for substance abuse was dropped, although some programs chose to continue to make substance abuse a part of their local program design.

Introduction

This is the third Annual Report on North Carolina's Family Reunification Services (FRS) program that presents data and information about families and children that have participated in the program. Information about the FRS program's activities and performance relating specifically to SFY 2007 are presented. Additionally, trend data are presented for the last five years of program operation, including SFY 2007. Data that are presented graphically or in tables represent the most interesting findings from the current year, or from past years. There is also a section on Family Functioning, based upon the use of the North Carolina Family Assessment Scale for Reunification, Version R2.0, used by FRS Programs since SFY 2002.

Review of Program Design

Family Reunification Programs have discretion to implement various models of reunification that are unique to their respective communities, provided that they meet the requirements outlined in the Family Reunification Programs Policies and Standards. The program design standards of the Family Reunification Program shares many similar elements with the Non-Intensive Family Preservation Program (FPS) and the Intensive Family Preservation Services Program (IFPS). Services are time-limited, home based, focus on building strong and stable families, strive to be culturally relevant and appropriate, are available when the family needs them (i.e., during "non-traditional" work hours), and are delivered by workers with small caseloads.

Family Reunification Services are time-limited to the 15-month period beginning on the date the child is considered to have entered foster care, and service provision may not exceed 12 months. Although caseloads are expected to be small, caseworkers can serve up to 10 families at one time depending on the intensity and duration of the program model. Children participating

in FRS must be in the custody or under placement authority of the local Department of Social Services (DSS), and the parent(s) or caregiver(s) must be willing to work to achieve the goals of the DSS Case Plan. FRS providers are expected to provide services to families that include:

- Individual, group, and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Mental health services;
- Assistance to address domestic violence;
- Services to provide temporary child care and therapeutic services for families, including crisis nurseries; and
- Transportation to or from any of the services and activities listed above.

FRS providers are also required to deliver services using collaborative partnerships between the Reunification program and many community collaborators. Furthermore, caseworkers are expected to provide other therapeutic, supportive, and concrete services to families to address the specific needs of each family as outlined in their DSS Case Plan.

Program Summary for SFY 2007

Since SFY 1999, North Carolina's FRS providers have served 813 families. The automated FRS case record and management information system contains detailed information on these families served. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for 9 years. Findings in this section are presented for the 155 families served during SFY 2007.

Number of Families, Caretakers and Children Served

During SFY 2007, 18 FRS programs provided services to families in 41 counties throughout North Carolina. Table 1 presents a detailed list of the programs and counties served, as well as the number of families, caretakers, and children served. During SFY 2007, a total of 155 families received services that ended before July 1, 2007. There were 221 caretakers and 313 children served directly by the programs.

Table 1: Number of Families, Caretakers and Children Served by Family Reunification Programs during SFY2007, Listed by Program and County

FAMILY REUNIFICATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARETAKERS SERVED	CHILDREN SERVED
Appalachian Family Innovations— Region 2	Burke	2	3	7
	Caldwell	5	8	11
	Cleveland	2	3	4
	McDowell	1	1	1
	Mitchell	2	2	2
Catawba County DSS—Region 3	Catawba	10	13	17
Gaston County DSS—Region 2	Gaston	3	4	4
Mountain Youth Resources— Region 1	Buncombe	4	6	5
	Jackson	2	3	5
	Macon	8	13	15
	Transylvania	3	4	6
Family Services of the Piedmont— Region 5	Guilford	9	17	19

FAMILY REUNIFICATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARETAKERS SERVED	CHILDREN SERVED
Choanoke Area Development Association—Region 8	Halifax Nash	4 1	6 2	7 2
Appalachian Family Innovations—Region 3	Iredell	2	2	3
Martin County Community Action, Inc.—Region 9	Bertie	3	3	9
Martin County Community Action, Inc.—Region 7	Bladen Cumberland Harnett	1 2 1	1 2 1	1 4 2
Community LINK—Region 3	Mecklenburg	25	31	55
Youth Opportunities—Region 4	Forsyth	2	5	4
Exchange Club/SCAN—Region 4	Rockingham	3	4	4
Community LINK—Region 4	Cabarrus Davidson Rowan Union	8 2 7 2	12 3 8 4	14 7 19 5
The Family Center in Alamance—Region 5	Alamance Orange	9 1	11 1	16 1
The Family Resource Center of Raleigh, Inc.—Region 6	Chatham Durham Franklin Hoke Lee Scotland Wake	1 3 1 3 1 4 1	1 3 1 4 1 6 2	6 3 5 6 1 11 2
Rainbow Center, Inc.—Region 3	Watauga Wilkes	2 5	3 9	2 8
Methodist Home for Children—Region 8	Wayne	5	8	12
Methodist Home for Children—Region 10	Dare Hyde Onslow	2 1 2	4 2 4	2 1 5
Totals		155	221	313

Family Information

Table 2 presents information describing families at case opening. In SFY 2007, 1% of families had previously received FPS and 7% had previously received Intensive Family Preservation Services. Fifty percent or more of families served presented with the following strengths identified at the time of case opening: eager to keep family together, pleasant, verbal, and responsive. Additionally 40% to 50% of families served were identified as having the following strengths: being orderly/neat in person, caring, employed, being orderly/neat in home, receptive, respectful of others, and resourceful. The average number of strengths identified per family was 9. The majority of families (81%) was currently receiving, or had previously received, some type of public assistance.

Table 2: Family Information at Case Opening

Family Information	SFY 2007 (N=155)	
	Number	Percent
Families that Previously Received FPS	1	0.9%
Families that Previously Received IFPS	8	6.6%
Strengths Identified in Families at Opening		
Eager to keep family together	126	81.3%
Pleasant	101	65.2%
Verbal	100	64.5%
Responsive	81	52.3%
Orderly/neat in person	76	49.0%
Caring	71	45.8%
Employed	71	45.8%
Orderly/neat in home	65	41.9%
Receptive	64	41.3%
Respectful of others	64	41.3%
Resourceful	64	41.3%
Interested in learning	57	36.8%
Protective	56	36.1%
Health	50	32.3%
Punctual	50	32.3%
Cooperative with agency in the past	44	28.4%
Wants more education	42	27.1%
Involved in children's activities	41	26.5%
Supportive, strong network of family/friends nearby	41	26.5%

		SFY 2007 (N=155)	
Family Information (Continued)	Number		Percent
Strengths Identified in Families at Opening (Continued)			
Honest	41		26.5%
Fun loving/cheerful	38		24.5%
Youth oriented	36		23.2%
Involved in children's school life	32		20.6%
Average Number of Strengths Identified per Family	9.11 (SD=5.54)		
Families Currently or Ever Receiving Public Assistance	106		80.9%
Medicaid	86		55.5%
Food stamps	71		45.8%
WIC	43		27.7%
SSI	32		20.6%
Housing	28		18.1%
Work First	28		18.1%
General assistance	10		6.5%

Demographic Characteristics of "Identified" Caretakers

In SFY 2007, 196 identified caretakers were living in the homes of the 155 families served by the FRS programs. Table 3 presents demographic information for these identified caretakers. In SFY 2007, over two thirds (70%) of identified caretakers were female. The majority (71%) of identified caretakers were the mother of the children removed from the home, and 25% were identified as the children's father. The majority of identified caretakers were White (58%), 32% were African American, and 10% comprised other minority races. The average age of identified caretakers served by the program was 32 years. Almost half (47%) of the identified caretakers were 30 years old or less, 14% were over the age of 40, and the remaining 39% were between 31 and 40 years old. Only 34% of identified caretakers were employed in full-time work, and one-third (36%) of identified caretakers were unemployed and in need of work. Half (50%) of all identified caretakers had less than a high school diploma. Thus, as with other human service populations where children may be at risk, factors of single parenting, insufficient income or

poverty, labor force detachment or intermittent attachment, and low educational attainment are prevalent.

Table 3: Demographic Information for Identified Caretakers

		SFY 2007 (N=196)	
Demographics of Identified Caretakers		Number	Percent
Gender			
	Male	59	30.3%
	Female	136	69.7%
Relationship to child removed			
	Mother	140	71.4%
	Father	49	25.0%
	Grandparent	1	0.5%
	Other	6	3.1%
Race			
	White	114	58.2%
	Black	62	31.6%
	Other	20	10.2%
Age			
	Average Age	31.51 (SD=8.55)	
	Younger than 18	2	1.0%
	18-24	4	22.6%
	25-30	46	23.6%
	31-40	76	39.0%
	41-50	22	11.3%
	51-60	4	2.1%
	61 or older	1	0.5%
Employment Status			
	Full-time	67	34.2%
	Part-time <20 hrs	19	9.7%
	Part-time >20 hrs	11	5.6%
	Disabled	17	8.7%
	Seasonal	8	4.1%
	Unemployed	71	36.2%
	Student	4	2.0%
	Homemaker	5	2.6%
Educational Status			
	1-5 th grade	1	0.5%
	6-9 th grade	37	19.2%
	10-12 th grade	58	30.1%
	HS/GED	73	37.8%
	Some college	23	11.9%
	College grad	1	0.5%
Caretaker Issues			
	Child abuse/neglect	104	43.1%
	Unemployment	69	35.2%
	Domestic violence	66	33.7%
	Drug abuse	61	31.1%
	Grief/loss	44	22.4%
	Mental illness	42	21.4%

		SFY 2007 (N=196)
Demographics of Identified Caretakers (Continued)	Number	Percent
Caretaker Issues (Continued)		
Alcohol abuse	40	20.4%
Teenage parent	31	15.8%
History of teenage childbearing	30	15.3%
History of other abuse as a child	26	13.3%
Absence of parent/caretaker	23	11.7%
History of sexual abuse as a child	16	8.2%
Developmental disability	16	8.2%
Physical chronic illness	15	7.7%
Incarceration in jail or prison	12	6.1%
Physical disability	11	5.6%
Average Number of Issues Identified per Caretaker	3.21 (SD=1.96)	
Caretakers with a substance abuse problem	53	27.0%

On average, three major issues were indicated per identified caretaker that affect family functioning and place the children at-risk. The most frequently occurring issues identified in SFY 2007 include child abuse/neglect, unemployment, domestic violence, drug abuse, grief/loss, mental illness, and alcohol abuse. One quarter (27%) of identified caretakers presented with a substance abuse problem. Refer to the “Five-Year Trend Analysis” section for more information on identified caretaker issues over time.

Demographic Characteristics of “Other” Caretakers

In SFY 2007, 21 caretakers ‘other’ than the custodial parent(s) were living in the homes of the 155 families served by the FRS programs. Table 4 presents demographic information for these other caretakers. In SFY 2007, the majority of other caretakers (57%) were male, and one-third (38%) were the fathers of the children served. Fifty-seven percent of other caretakers were White, 33% were African American, and 10% comprised other minority races. The average age of other caretakers served by the program was 40 years. One third (32%) of other caretakers were 30 years old or less, 47% were over the age of 40, and the remaining 21% were between 31 and 40 years

Table 4: Demographic Information for Other Caretakers

SFY 2007 (N=21)		
Demographics of Other Caretakers	Number	Percent
Gender		
Male	12	57.1%
Female	9	42.9%
Relationship to child removed		
Mother	2	9.5%
Father	8	38.1%
Grandparent	4	19.0%
Aunt/Uncle	1	4.8%
Other	6	28.6%
Race		
White	12	57.1%
Black	7	33.3%
Other	2	9.5%
Age		
Average Age	39.95 (SD=14.46)	
18-24	3	15.8%
25-30	3	15.8%
31-40	4	21.1%
41-50	2	10.5%
51-60	6	31.6%
61 or older	1	5.3%
Employment Status		
Full-time	7	33.3%
Part-time <20 hrs	3	14.3%
Disabled	3	14.3%
Unemployed	8	38.1%
Homemaker	1	4.8%
Educational Status		
6-9 th grade	1	5.0%
10-12 th grade	8	40.0%
HS/GED	6	30.0%
Some college	5	25.0%
Caretaker Issues		
Domestic violence	4	19.0%
Grief/loss	4	19.0%
Child abuse/neglect	3	14.3%
Unemployment	2	9.5%
Drug abuse	2	9.5%
Mental illness	2	9.5%
Absence of parent/caretaker	2	9.5%
Incarceration in jail or prison	2	9.5%
Physical chronic illness	2	9.5%
Alcohol abuse	1	4.8%
History of other abuse as a child	1	4.8%
Physical disability	1	4.8%
History of teenage childbearing	1	4.8%
Teenage parent	1	4.8%
Average number of issues identified per caretaker	1.48 (SD=1.12)	
Caretakers with a substance abuse problem	3	14.3%

old. Only 33% of other caretakers were employed in full-time work, and 38% of other caretakers were unemployed and in need of work. Many (45%) of all other caretakers had less than a high school diploma. On average, one major issue was indicated for other caretakers that affect family functioning and place the children at-risk. The most frequently occurring issues identified in SFY 2007 include domestic violence, grief/loss, and child abuse/neglect

Substance Abuse Risk Tool

Data presented in the previous two sections indicated that 56 caretakers (25%) presented with substance abuse problems. When a caretaker has a known substance abuse problem, caseworkers completed a Substance Abuse Risk Tool pre-test (at case opening) and post-test (at case closing). These data are presented in Table 5 for all caretakers served by the FRS program during SFY 2007 (note that pre-test and post-test data are not available for every caretaker.)

The data collected indicated that 49% of caretakers were in a substance abuse treatment program when the services began. At the time of case closure, only 39% of caretakers were still in a treatment program. When attending a program, the majority of caretakers attend 1 – 2 times per week. At case opening, caseworkers rated the caretaker's potential for relapse and half (49%) were rated as somewhat likely or very likely to have a relapse. This proportion decreased to 39% by case closure. One quarter of caretakers had experienced a relapse at case opening, and by case closure, that proportion increased to 41%. Half of the substance-abusing caretakers had problems with marijuana/hashish (54%), 44% had a problem with alcohol and 37% had a problem with cocaine at case opening. One-fifth (19%) of caretakers were reported as having problems with prescription drugs. These proportions decreased by the time of case closure.

Table 5: Substance Abuse Risk Tool (for caretakers with a substance abuse problem)

Substance Abuse Risk Tool	Pre-Test (N=52)		Post-Test (N=32)	
	Number	Percent	Number	Percent
Caretakers in a SA treatment program	25	49.0%	12	38.7%
How often does caretaker attend SA program				
1-2 times per week	23	76.7%	15	68.2%
3-4 times per week	2	6.7%	2	9.1%
5-6 times per week	3	10.0%	3	13.6%
7+ times per week	2	6.7%	2	9.1%
Caretaker's potential for relapse				
Very likely	16	32.7%	11	35.5%
Somewhat likely	8	16.3%	1	3.2%
Likely	10	20.4%	4	12.9%
Somewhat unlikely	13	26.5%	9	29.0%
Very unlikely	2	4.1%	6	19.4%
Caretakers that have had a relapse	12	24.5%	12	41.4%
Substances Used				
Marijuana/hashish	28	53.8%	9	28.1%
Alcohol	23	44.2%	11	34.4%
Cocaine	19	36.5%	9	28.1%
Prescription drugs	10	19.2%	5	15.6%
Methamphetamines	2	3.8%	0	0.0%
Other substances	1	1.9%	2	6.3%
Tranquilizers/barbiturates	0	0.0%	0	0.0%
Heroin	0	0.0%	0	0.0%
Hallucinogens	0	0.0%	0	0.0%
Inhalants	0	0.0%	0	0.0%
Caretakers currently using prescription drugs	14	28.0%	7	22.6%
Caretakers who have avoided drug-using friends/family/places while in treatment	22	52.4%	15	53.6%
Caretakers that can identify at least 1 close adult relative not chemically dependent	30	75.0%	20	74.1%
Caretakers that can identify at least 1 close adult non relative not chemically dependent	35	83.3%	19	67.9%
Number of treatment programs participated in				
One	25	69.4%	22	95.7%
Two	7	19.4%	1	4.3%
Three or more	4	11.1%	0	0.0%

About half (52%) of caretakers at case opening were able to avoid drug-using friends, family or places while in treatment, and the majority (75%) of caretakers were able to identify at least one close adult relative and one close adult non-relative that were not chemically

dependent. Two thirds (69%) of caretakers had participated in only one treatment program at case opening, and this proportion increased to 96% at case closing.

Demographic Characteristics of Children

In SFY 2007, FRS programs served 313 children. Table 6 presents demographic information on these children. Fewer than half (47%) of children served were male and 53% were female. The average age of the child was 6 years. Forty-five percent of the children were White, one-third (36%) were African American, and other minority children represented 20% of the children served. The majority (87%) of children were in DSS legal custody due to neglect. The most frequently cited issues placing children at-risk for role dysfunction include neglect, family disruption, and family violence. Other issues affecting between 10% and 20% of children include grief or loss, being undisciplined, being out of parental control, and drug abuse. Children averaged a total of three identified issues in SFY 2007.

Table 6: Demographic Information for Children

Demographics of Children		SFY 2007 (N=313)	
		Number	Percent
Gender			
	Male	145	46.5%
	Female	167	53.5%
Age			
	Average age	5.88 (SD=5.04)	
	0-5	173	55.4%
	6-12	89	28.5%
	13-15	37	11.9%
	16-17	13	4.2%
Race			
	White	140	44.7%
	Black	112	35.8%
	Other	61	19.5%
Maltreatment code (for children in DSS legal custody)			
	Abuse	35	12.2%
	Neglect	249	86.5%
	Delinquent acts	4	1.4%

		SFY 2007 (N=313)	
Demographics of Children (Continued)	Number	Percent	
Child Issues			
Neglect	180	57.5%	
Family disruption	149	47.6%	
Family violence	106	33.9%	
Grief/loss	55	17.6%	
Undisciplined	50	16.0%	
Out of parental control	48	15.3%	
Drug abuse	34	10.9%	
Alcohol abuse	29	9.3%	
Child taking medication	28	8.9%	
Developmental disability	28	8.9%	
BEH	27	8.6%	
Emotional abuse	25	8.0%	
Extreme poverty	25	8.0%	
School failure	23	7.3%	
Truancy	22	7.0%	
Sexual abuse	18	5.8%	
Delinquency	18	5.8%	
Physical abuse	18	5.8%	
Learning disability	17	5.4%	
Runaway	14	4.5%	
Emotional disability	13	4.2%	
Inappropriate sexual behavior	13	4.2%	
Teen pregnancy	9	2.9%	
Serious health problems	8	2.6%	
Behavioral disability	6	1.9%	
Suicidal behavior	3	1.0%	
Physical disability	2	0.6%	
Child exploitation	0	0.0%	
Average number of issues identified per child	3.19 (SD=2.54)		

Child Living Arrangements

Table 7 presents information about child living arrangements and DSS legal custody at the time of case opening and case closing for SFY 2007. Most children (95%) were in DSS legal custody at the time of case opening. At case closing, 74% of children remained in DSS legal custody. Nearly all (97%) children in DSS legal custody at case opening were placed outside of the home for 15 or more days, and a small proportion (13%) had already been returned to the home. At case opening, 13% of children were living in the home environment, 28% were living with relatives, 50% were living in foster care, and 7% were living in a group home setting. By

the time of case closing, 39% of children were living in the home environment, 19% were living with relatives, 34% were living in foster care, and 6% were living in a group home setting.

Table 7: Child Living Arrangements at Case Opening and Case Closing

		SFY 2007 (N=313)
Demographics of Children	Number	Percent
Children in DSS legal custody at case opening	298	95.2%
Children out-of-home >= 15 days (for children in DSS legal custody)	290	97.3%
Children who had returned home (for children in DSS legal custody)	39	13.1%
Living Arrangement at case opening		
Home	39	12.5%
Relative	86	27.6%
Family friend	7	2.2%
Foster care	156	50.0%
Group home	23	7.4%
Other	1	0.3%
Children in DSS legal custody at case closing	229	73.9%
Living Arrangement at case closing		
Home	122	39.4%
Relative	59	19.0%
Family friend	4	1.3%
Foster care	104	33.5%
Group home	18	5.8%
Other	3	1.0%

Service Delivery Information

Table 8 presents regularly collected service delivery information from the 155 families served in SFY 2007. Workers averaged 125 hours of service to each of the families during the typical service period. Most of the hours, on average, were spent in face-to-face, telephone, collateral and travel contact (90 hours). Twenty-four hours, on average, were devoted to administrative tasks and record keeping, and about 11 hours of contact were spent providing supervision. Nearly all families received family assessment and family or individual counseling as part of the services delivered. Nearly all families received client advocacy and case management and referral services. In SFY 2007, FRS programs provided monetary assistance to

14% of families served and to 100% of families needing monetary assistance. The average amount of money provided to families in need was \$344.

Table 8: Service Delivery Information

		SFY 2007 (N=155)	
Service Delivery Information	Average	St. Dev.	
Average hours spent over life of case in various types of contact			
Face-to-Face, telephone, collateral & travel contact	90.23	101.41	
Supervision contact	10.65	12.27	
Administrative/record keeping contact	23.95	30.89	
Miscellaneous contact	0.59	3.83	
Total contact hours	125.42	133.22	
Average number of weeks over life of case family provided services			
Family assessment services	10.41	11.20	
Family or individual counseling services	17.57	14.27	
Client advocacy services	11.54	11.03	
Case management services	16.03	13.07	
Other services	1.83	4.98	
Average number of weeks over the life of the case that the family was not seen for services	4.52	4.81	
Average amount of money over the life of the case that the family was in need of (percent of families that were in need of some money)	344.52 (14% in need)	484.42	
Average amount of money over the life of the case that the family was provided (percent of families that received some money)	344.33 (14% provided)	484.47	

Case Closure Information

Table 9 presents information collected about families served at the time of case closure. Two-thirds (67%) of families were referred for other services after closure during SFY 2007. Although the second largest reason for case closure was determined to be a “successful case closure”, this represented only 21% of families served. However, another 16% were closed with a pending court date for successful reunification of the child(ren), and 8% were closed with the child(ren) placed with another court approved person. For 22% of families served, services ended because the family withdrew or was being uncooperative with service provision. Another

16% closed because the allowable time for service provision was ending. Less than one percent of cases closed because the caretaker was not in treatment for substance abuse and still currently using, and 17% closed for other reasons. The average FRS case lasted 25 weeks (about 6 months). When a case closed with a reunification pending, the average number of days to the pending court date was 63 (or 9 weeks).

Table 9: Case Closure Information

		SFY 2007 (N=155)
Case Closure Information	Number	Percent
Families receiving other services at closure	103	66.5%
Factors influencing case closure¹		
Successful case closure (at least one child reunified)	33	21.3%
Child placed with other court approved person	12	7.7%
Reunification pending	24	15.5%
Service period ended	24	15.5%
Family withdrew from services or was uncooperative	34	21.9%
Caretaker not in treatment, still using	1	0.6%
Other	27	17.4%
	Mean	St. Dev.
Average number of days from case opening to case closure	178.17	112.34
Average number of days from case closure to court date for reunification for cases with a pending reunification	62.79	47.44

¹ This question was answered only for those families where no children were reunified. The “successful case closure” category was inferred for those families where the question was not answered.

Families Not Accepted/Appropriate for Family Reunification Services

Each year many families are referred for FRS but not served. Reporting those data to the state is optional; therefore, this information is likely an underestimate of the total number of families referred for FRS and not served. Table 10 presents summary information about the 26 known families referred and not served during SFY 2007. No families were denied services because caseloads were full or because the children were not in DSS custody. The majority of families referred (58%) were not served because the family was not willing to participate with services. Fifteen percent of families were not served because the risk was too high and the

family needed services that are more intensive, 4% of families did not meet program eligibility criteria, and 23% were not served for other reasons. This finding suggests that there are basic issues of family engagement (possibly remediable with motivational interviewing/engagement techniques) perhaps due to referral to reunification services too late in the case process to engage families before ambivalence due to separation had manifested. Almost three-fifths (58%) of families that did not receive services were White, 39% were African American, and 4% were other minorities. On average, three children had been removed from the home.

Table 10: Families Not Accepted/Appropriate for Family Reunification Services

N=26	Number	Percent
Caretaker race		
White	15	57.7%
African American	10	38.5%
Other	1	3.8%
Number of children removed from home		
Average number children removed per family	2.65 (SD=1.55)	
One	7	26.9%
Two	8	30.8%
Three	4	15.4%
Four or more	7	26.9%
Reason family not accepted for Reunification services		
Caseloads full	0	0.0%
Children not in DSS custody	0	0.0%
Risk too high	4	15.4%
Family not willing to participate	15	57.7%
Does not meet program criteria	1	3.8%
Other	6	23.1%

Five-Year Trend Analysis

Since SFY 1999, North Carolina's FRS providers have served 813 families. The automated FRS case record and management information system contains detailed information on these families served. This database provides reliable estimates of program trends since the system has been operating at "full capacity" for 9 years. Findings in this section relate to the total population of families served in the last five years, SFY 2003 through SFY 2007. Five-year trend analyses of a number of variables indicate a high degree of stability, and therefore predictability, in a number of areas of interest to FRS programs, policy executives and the legislature.

When Reunification Services were initially funded by the Division, they were funded as a pilot program known as Restoring Families. There were very specific requirements for participating in the program, the most significant of which was that at least one identified caretaker was required to have a diagnosed substance abuse problem which directly contributed to the removal of the child(ren), and to be actively participating in some type of treatment program. In SFY 2002 the state expanded Reunification Services and lifted the requirement that the caretaker have a substance abuse issue. Many of the former Restoring Families programs applied for and were awarded grants at this time, and some of them chose to continue the substance abuse requirement in their local program model. However, most of the Reunification programs did not include the substance abuse component. This accounts for the reduction in cases referred for substance abuse issues, and the reduced use of the Substance Abuse Tool referred to throughout this report. Finally, as a part of the re-bid of all Community Based Programs by the Division in SFY 2004, Reunification services were again put out for re-bid. At that time no programs included substance abuse as a requirement for acceptance, however, some

programs may still choose to use the Substance Abuse Tool as a part of their overall assessment strategy.

Number of Families, Caretakers and Children Served

The number of programs offering FRS services has increased substantially over the last five years. In SFY 2007, there were 18 programs operating making services available to the entire state. Services were provided to families in 41 counties. Figure 1 presents the number of families, caretakers, and children served annually by FRS programs. The program has served an average of 132 families per year (from a low of 95 families in SFY 2003 to a high of 168 families in SFY 2006). The number of caretakers served in these families' averages 187, and the number of children served in these families averages 260 per year. Although these figures represent an overall increase in families served over the five years of the trend, the total number of families served remains vastly below the number throughout the state that could benefit from quickly-referred reunification services.

Families Receiving Public Assistance

Figure 2 presents the percentage of families that are currently receiving, or have ever received, public assistance. Public assistance includes Medicaid, food stamps, housing assistance, Work First, SSI, WIC, and general assistance. The rate at which families receive public assistance has remained very stable over the last five years. The majority of families served by FRS are receiving, or have previously received, public assistance.

Figure 1. Number of Families, Caretakers and Children Served by Family Reunification Programs

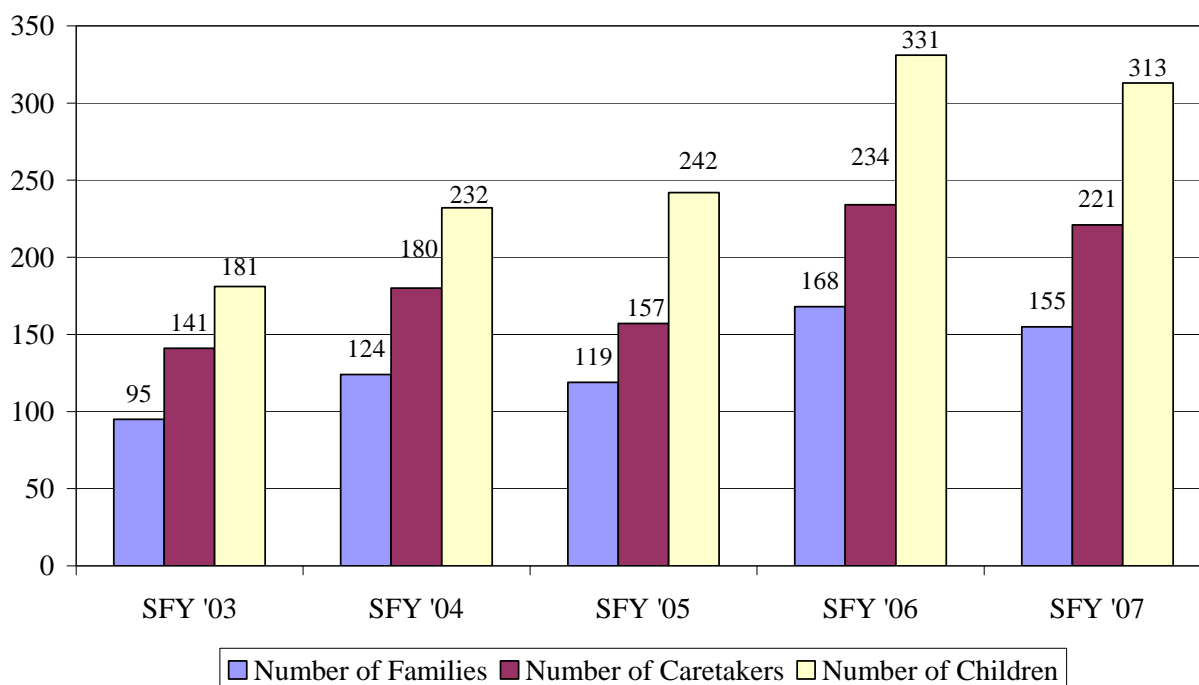
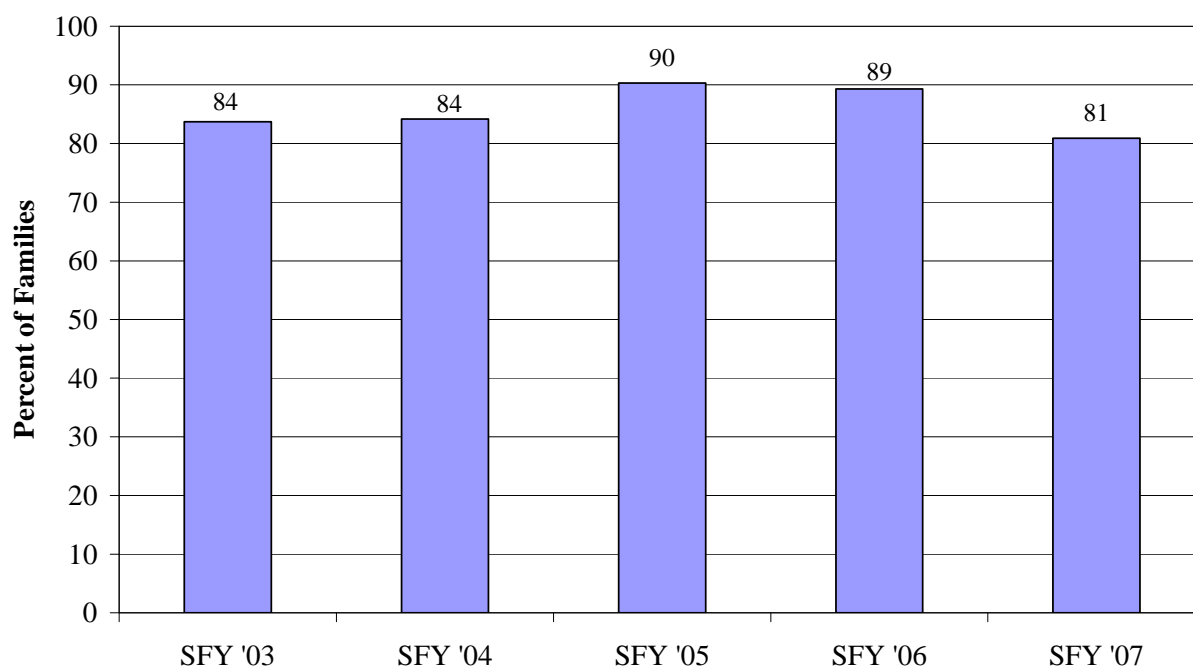


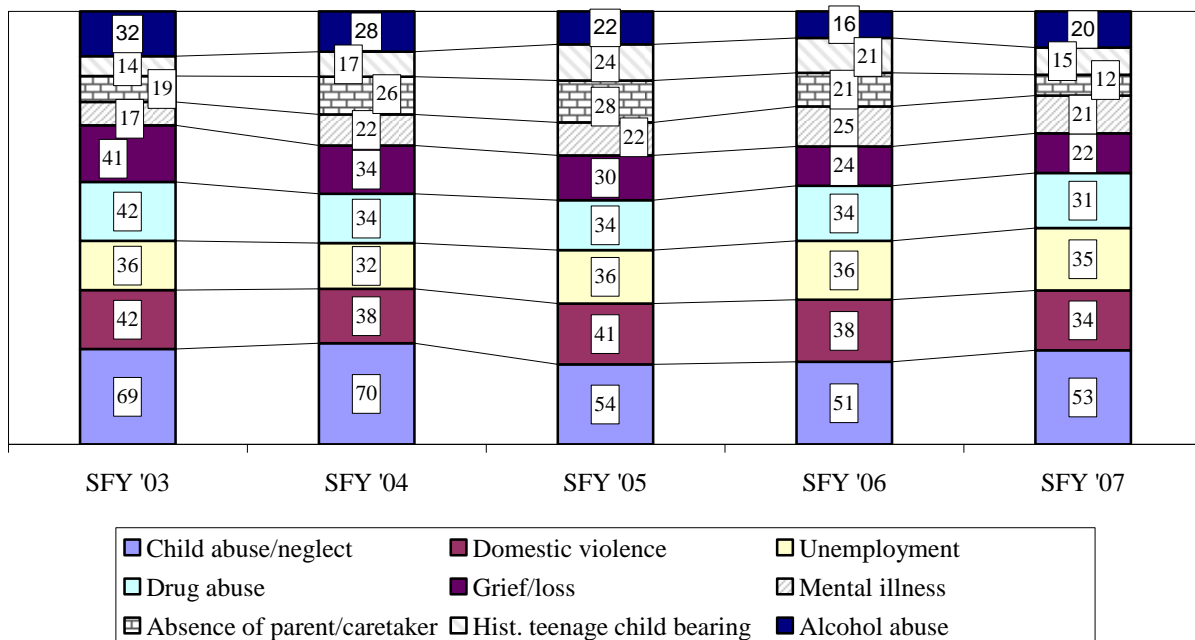
Figure 2. Percent of Families Currently or Ever Receiving Public Assistance



Primary Issues Affecting Identified Caretakers

Figure 3 presents data on the types of problems affecting identified caretakers. (Note that each section of a bar represents the percent of identified caretakers experiencing a particular problem, and that identified caretakers may experience multiple problems. Therefore, the bars do not add to 100%, but represent the cumulative percentages of identified caretakers experiencing that problem in a given year).

Figure 3. Primary Issues Affecting Identified Caretakers

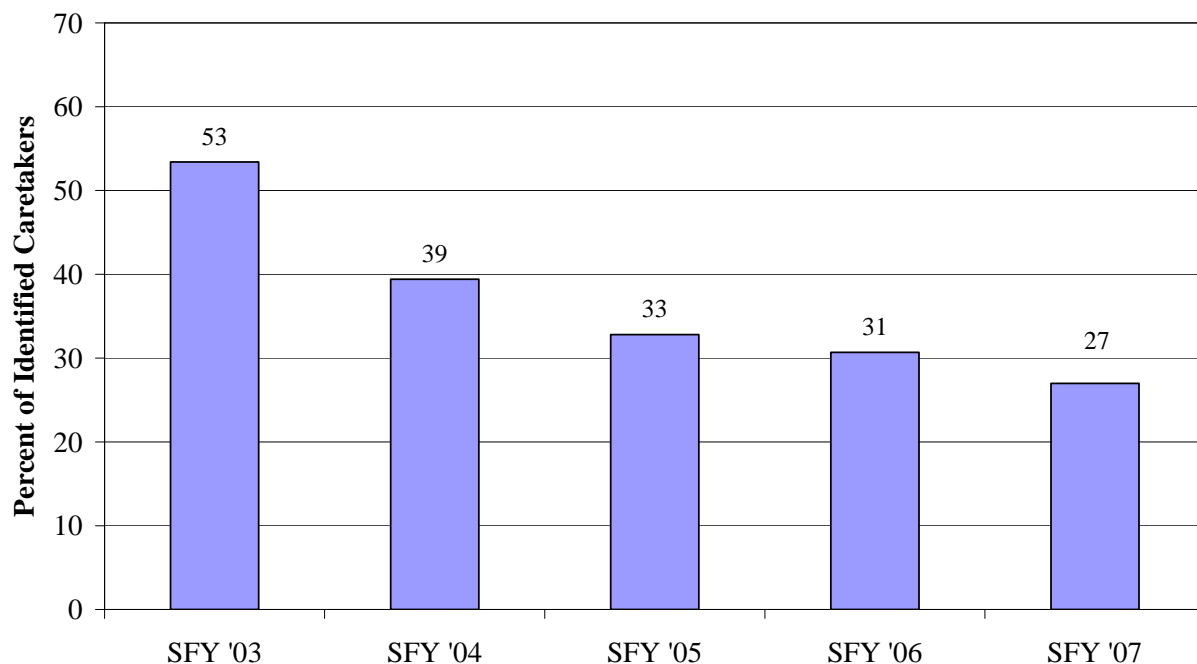


The types of primary problems affecting identified caretakers have fluctuated only slightly over the last five years. There has been, however, a significant and decreasing proportion of identified caretakers presenting with alcohol abuse problems. The proportion of identified caretakers presenting with child abuse or neglect as a primary issue has decreased substantially over the last three years.

Identified Caretakers with a Substance Abuse Problem

Figure 4 presents data on the proportion of identified caretakers presenting with a substance abuse problem. Due to changes with the program model, there has been a significant and decreasing proportion of identified caretakers with substance abuse problems. In SFY 2003, a slight majority (53%) of identified caretakers presented with a substance abuse problem. By SFY 2007, one quarter (27%) of identified caretakers presented with a substance abuse problem.

Figure 4. Percent of Identified Caretakers with a Substance Abuse Problem



Race of Children

Figure 5 displays the racial distribution for the children living in the families served by the program over the last five years. There has been a significant and increasing proportion of minority children served, with a five year high of 58% in SFY 2006, and a steady decline in the proportion of White children served that corresponds with the increasing minority population.

Figure 5. Race of Children

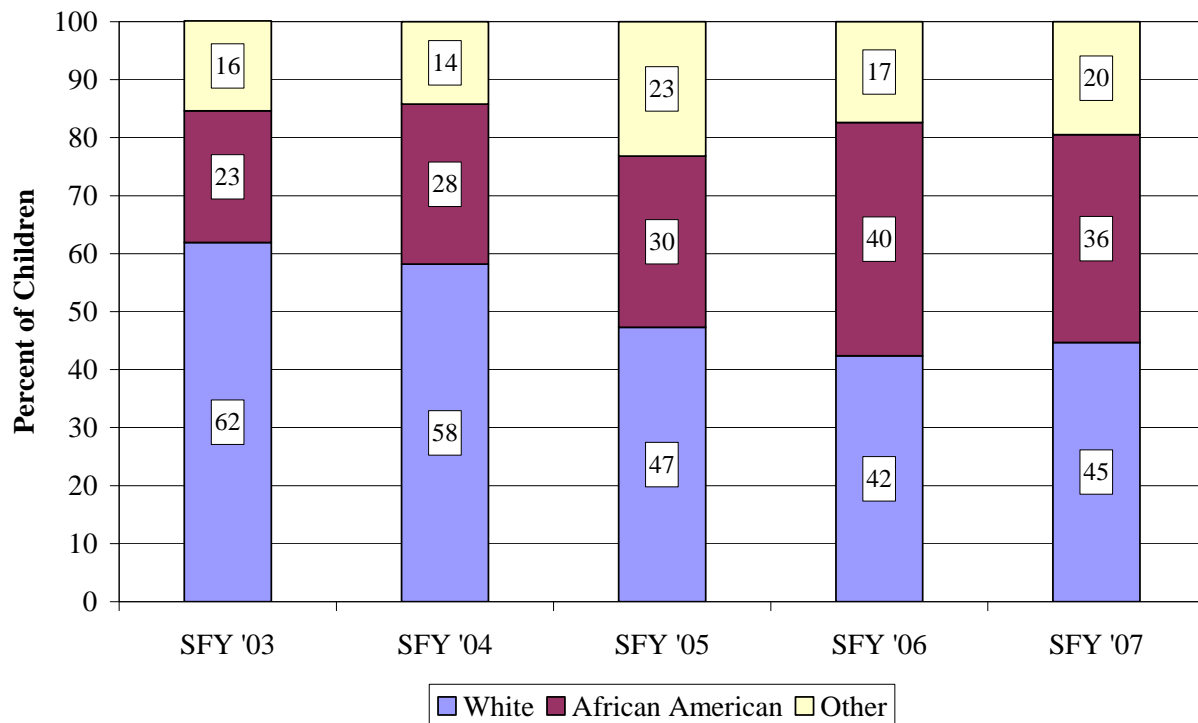
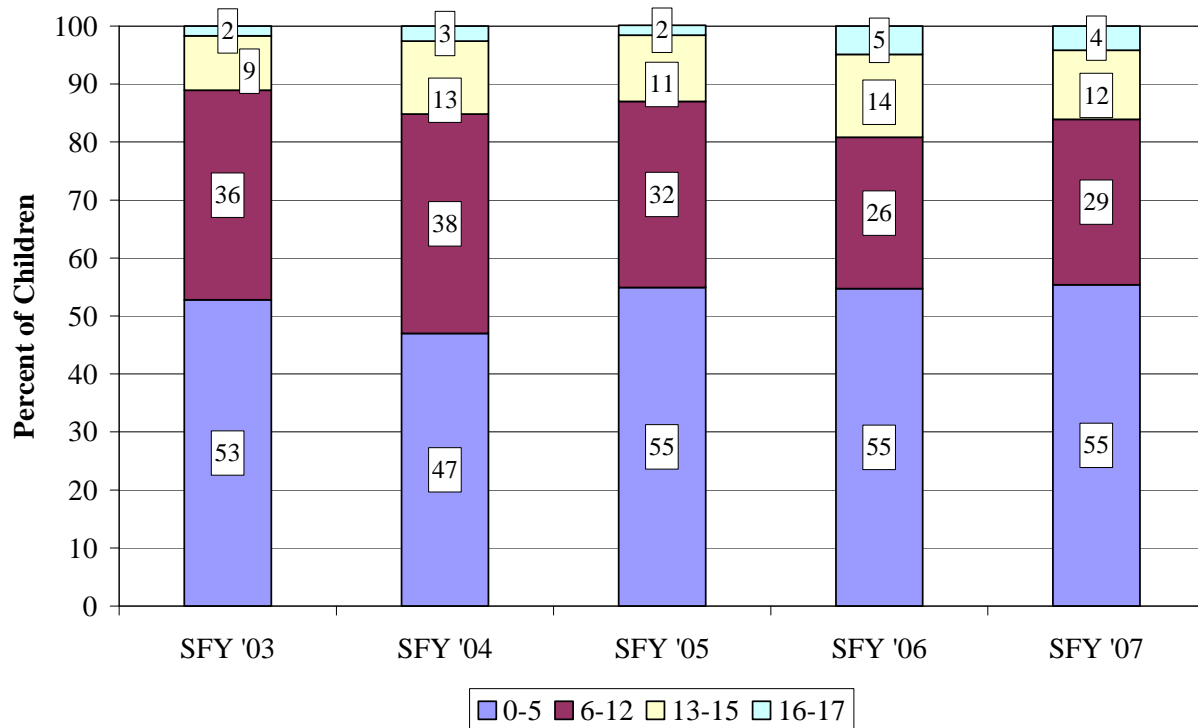


Figure 6. Age of Children



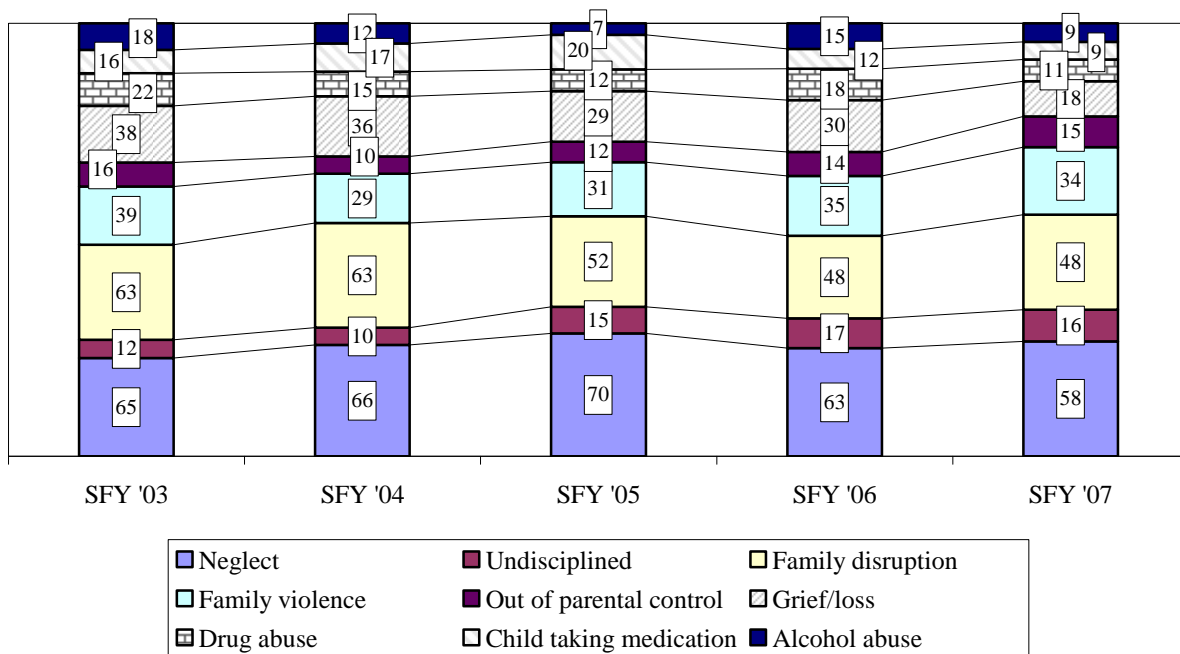
Age of Children

Figure 6 presents the information on ages of children served over the preceding 5 years. The age distribution of children has stabilized over the last five years. Slightly more than half of children served are aged 0-5, one-quarter to one-third are aged 6-12, and the remainder are 13 or older.

Primary Issues Affecting Children

Figure 7 presents the top nine problems affecting children served by FRS. Since SFY 2003, six of the nine major problems identified as affecting children have been significantly declining. These include neglect, family disruption, grief or loss, drug abuse, taking medications, and alcohol abuse.

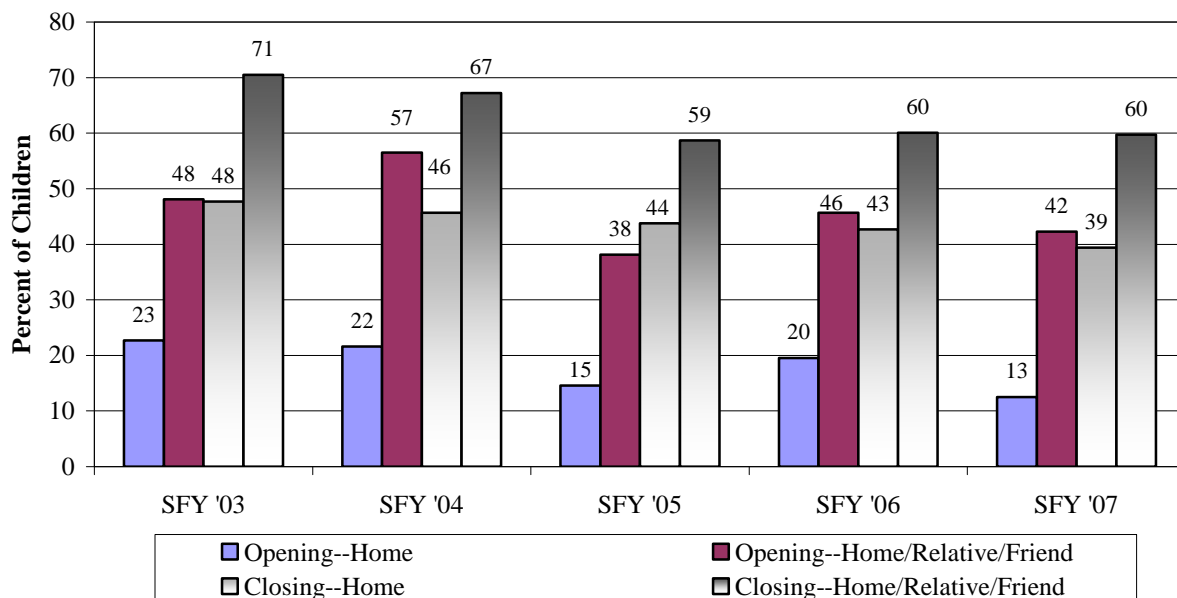
Figure 7. Primary Issues Affecting Children



Children Living in the Home

Figure 8 illustrates the proportion of children living in the home at case opening as compared to case closing. These data are represented in the first and third bars for each year. This figure also presents the proportion of children defined as living in the home, with a relative or with a family friend at case opening as compared to case closing. These data are represented in the second and fourth bars for each year. Over the last five years there has been a significant variation in the number of children who are living in the home at the time of case opening and at the time of case closing. This is true whether you define “home” as in the home, only, or if you define “home” as in the home, with relative or with family friend. The trend appears to be showing a significantly declining number of children in the home both at case opening and at case closing.

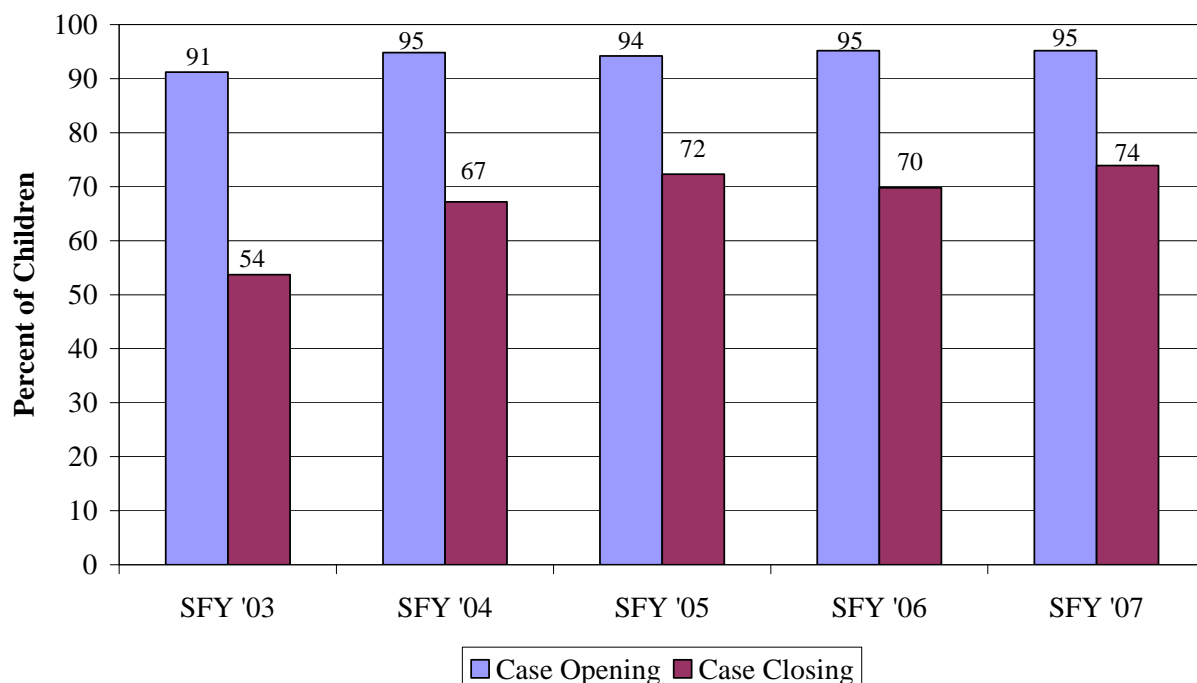
Figure 8. Percent of Children Living in the Home or in Home/Relative/Friend Arrangement at Case Opening and Case Closing



Children in DSS Legal Custody

Figure 9 displays the proportions of children that were in DSS legal custody at the time of case opening and case closing. The rates of DSS legal custody at case opening have remained quite constant over the last five years. The data indicate that nearly all children are in DSS legal custody at case opening (at least one child must be in custody as a requirement for reunification services), and that a substantial number are still in DSS legal custody at the time of case closing. These data are consistent with the child living arrangements and the rate of reunification observed at case closing. There does appear, however, to be a significant and increasing proportion of children in DSS legal custody at case closing.

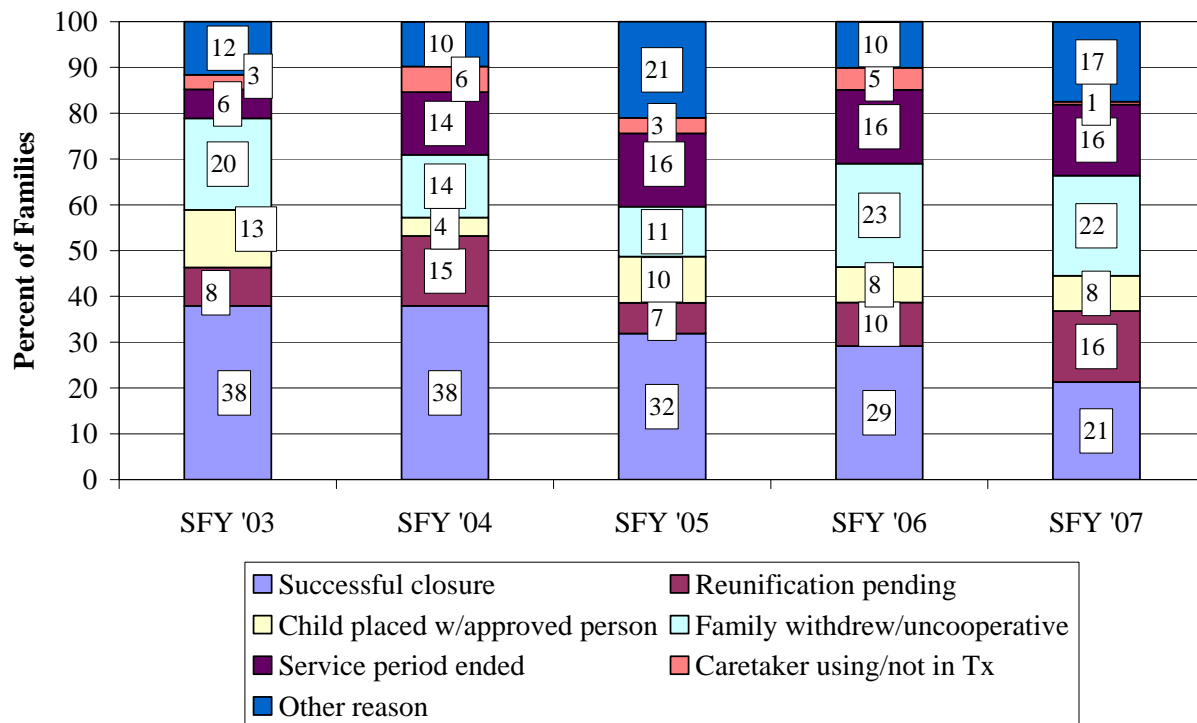
Figure 9. Percent of Children in DSS Legal Custody at Case Opening and Case Closing



Reason for Case Closure

When FRS end, if *no* children have been reunified, caseworkers are to document the reason the case was closed. Because this question is only required for cases with no reunification, it has been inferred from the data that a missing value equates to a “successful case closure”, meaning that at least one child was legally reunified. These data are presented in Figure 10. There has been significant variation in the reason cases closed over the last five years. There has been an overall decreasing trend in the proportion of cases closing as a successful closure. The proportion closing where a reunification was pending or the child was placed with another court-approved person has fluctuated each year of the last five years. There has been an overall increasing trend in the proportion of cases closing because the family withdrew from services or was consistently uncooperative and where the allowable service period has expired.

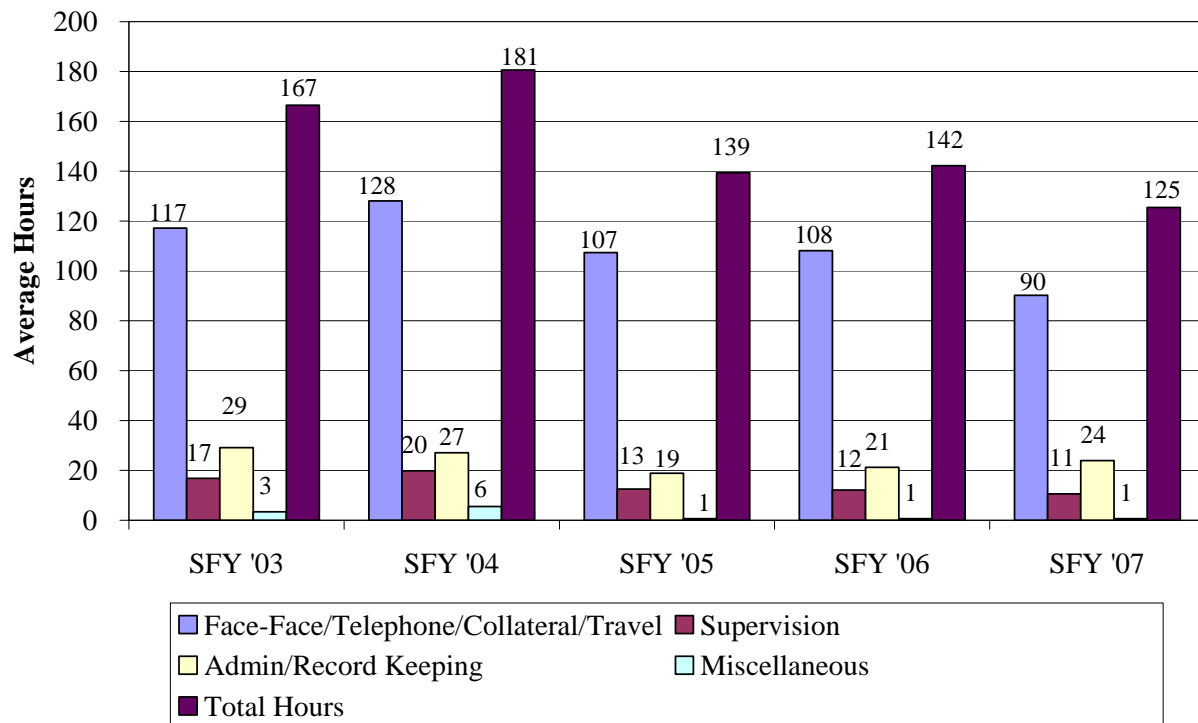
Figure 10. Reason for Case Closure



Average Contact Hours with Families

Figure 11 shows data relating to required contact hours spent with families. This figure displays the average number of contact hours spent in each type of activity over the last five years. Workers have averaged a total of 151 contact hours with families. The majority of these hours were spent in face-to-face, telephone, collateral and travel contact. The distribution of hours spent in each type of contact has diminished over the last few years, after a high of 181 total contact hours in SFY 2004.

Figure 11. Average Number of Contact Hours Over Life of Case



Family Functioning: North Carolina Family Assessment Scale for Reunification

The North Carolina Family Assessment Scale for Reunification (NCFAS-R) provides information on family functioning in a variety of areas relevant to the typical FRS family, and provides pre-service and post-service information in order to measure change that occurs during the FRS service period. Changes in family functioning that occur during this period are related to stressors affecting families, which in turn, affect their ability to reunite by the end of the service period.

The NCFAS-R examines seven broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being, Caregiver/Child Ambivalence, and Readiness for Reunification. Each of these domains comprises a series of sub-scales. For example, the domain of Environment includes sub-scales on housing stability, safety in the community, habitability of housing, income/employment, financial management capability, adequacy of food and nutrition, personal hygiene, availability of transportation, and the “learning” environment.

Assessments are made by FRS workers at the beginning of the service period and again at the conclusion of service. The data of interest include both the absolute ratings at intake and closure and the change scores derived between the two assessment periods. For example, if a family received a rating of “-2” on the Environment domain at the beginning of service and received a “+1” at the end of service, the change score is +3, indicating movement of three scale increments in the positive direction. The change score is derived independently from the actual position of the scores on the scale; that is, a change from “0” to “+2” is considered to be of the same magnitude as a change from “-3” to “-1”, or +2 in both cases. This strategy is deliberate in

that the change scores may indicate a meaningful change in the status of the family, or of the trajectory of the family (i.e., deterioration to improvement), while at the same time acknowledging that not all problems can be resolved completely during a brief intervention.

Ratings at Intake and Closure on NCFAS-R Domains

The NCFAS-R was implemented in FRS programs during SFY 2002. Findings in this section relate to the total population of families served during the last 5 years (N=661) in which FRS services have been provided, SFY 2003 through SFY 2007. Figures 12 through 18 present the aggregate intake and closure ratings for the 7 domains on the NCFAS-R.

Data in Figure 12 suggest that the majority of families (56%) enter services with problem ratings in the area of Environment. Forty-four percent of families are rated as being at “Baseline/Adequate or above” at intake. At closure, three-fifths (67%) of families are “Baseline/Adequate or above.” There was substantial movement of the aggregate data towards the positive end of the scale: the proportion of families rated as having serious environmental problems was reduced from 19% to 9%, and those rated as having moderate problems were reduced from 21% to 12%.

The Parental Capabilities domain on the NCFAS-R reflects an area where the majority of families have problems at intake. These data are presented in Figure 13. Only 30% of families are rated as being at “Baseline/ Adequate or above” at intake. Although substantial improvement in this area is made by many families, only 58% are rated “Baseline/Adequate or above” at closure. Nearly one-third (27%) of families are rated as having moderate or serious problems in this area at closure.

Figure 12. Environment Ratings at Intake and Closure

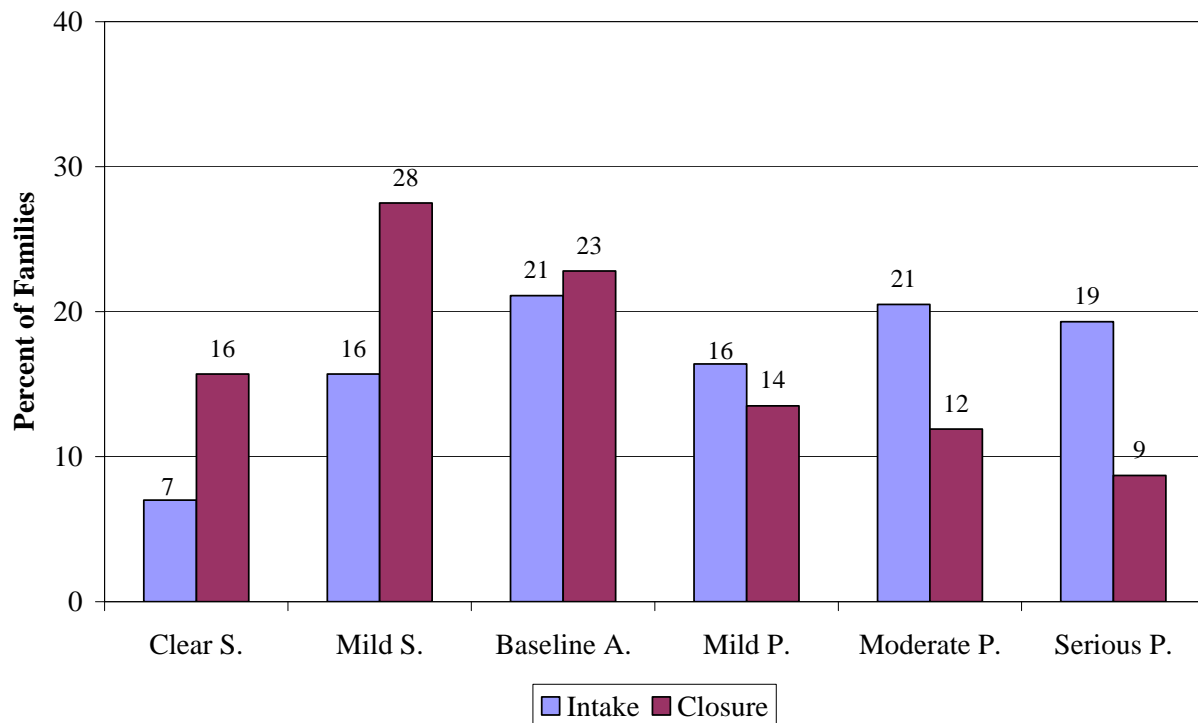
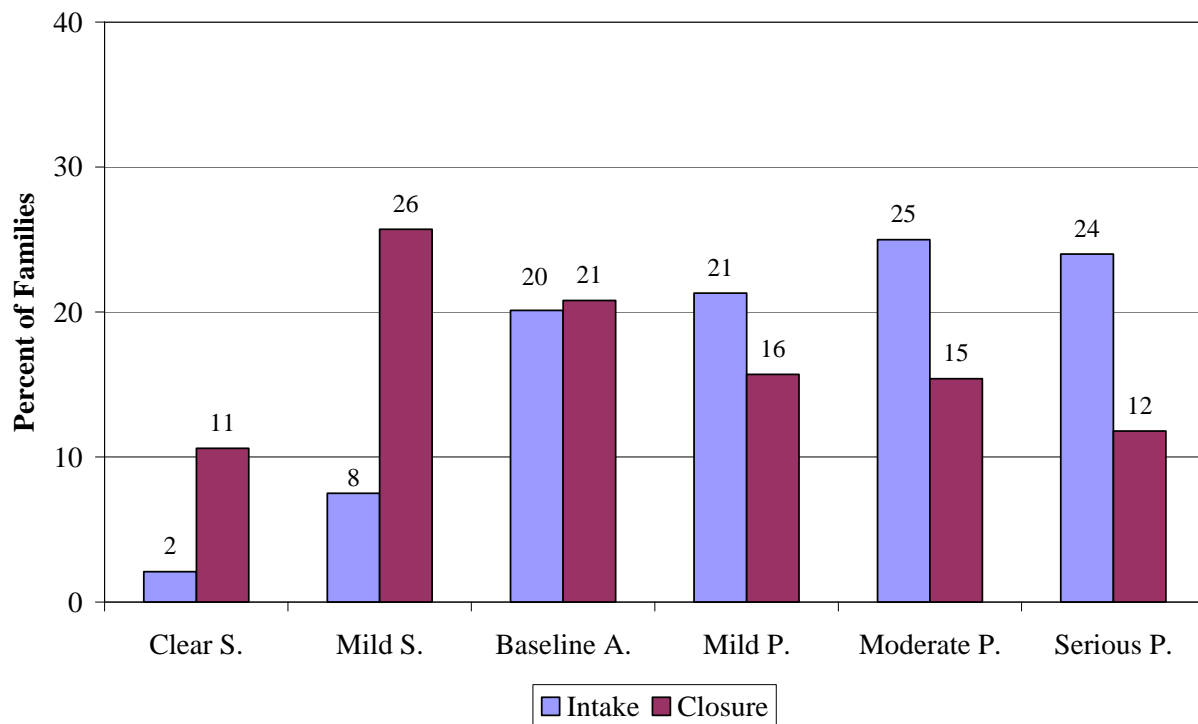
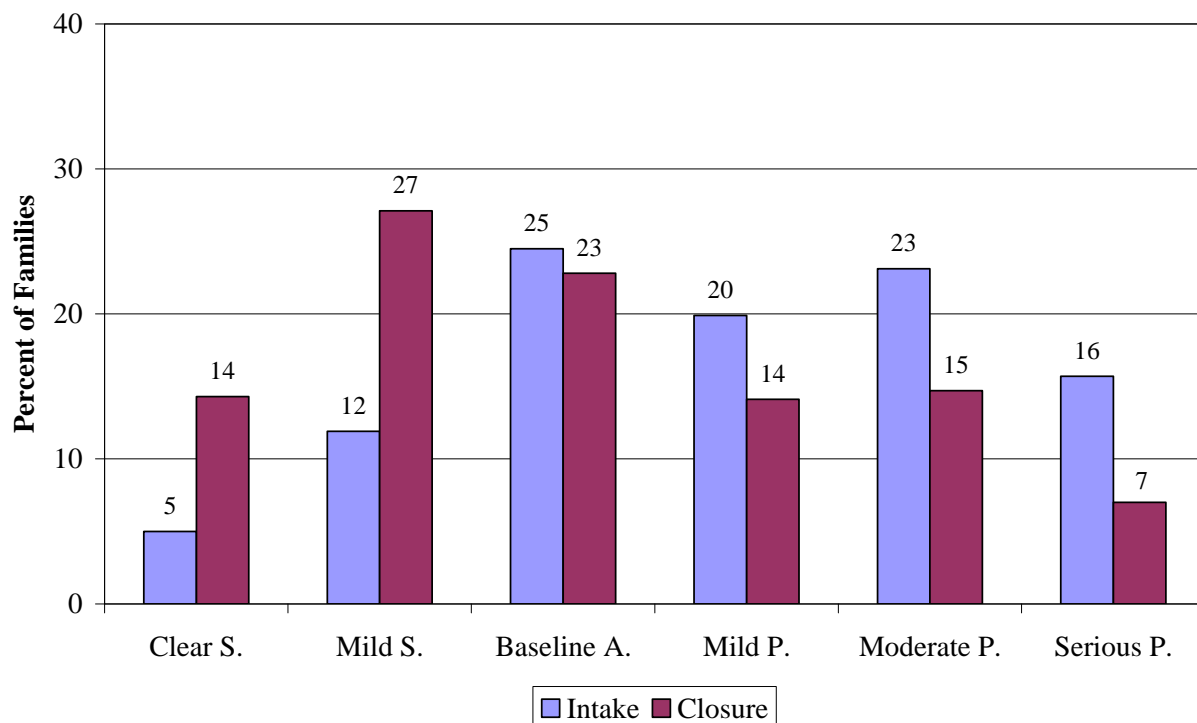


Figure 13. Parental Capabilities Ratings at Intake and Closure



The Family Interactions domain on the NCFAS-R reflects a similar pattern of change as presented for the Environment domain. These data are presented in Figure 14. At Intake, 42% of families are rated as being at “Baseline/Adequate or above”. After services, three-fifths (64%) are rated as “Baseline/Adequate or above.”

Figure 14. Family Interactions Ratings at Intake and Closure



The Family Safety domain on the NCFAS-R also reflects a similar pattern of change as presented for the Environment and Family Interactions domains. These data are presented in Figure 15. At Intake, 46% of families are rated as being at “Baseline/Adequate or above”. After services, two-thirds (69%) are rated as “Baseline/Adequate or above.”

The next domain of assessment on the NCFAS-R is Child Well-Being. These data are presented in Figure 16. The assessed changes in Child Well-Being equal those observed for Parental Capabilities, with the majority (55%) of families rated as having problems in this area at

Figure 15. Family Safety Ratings at Intake and Closure

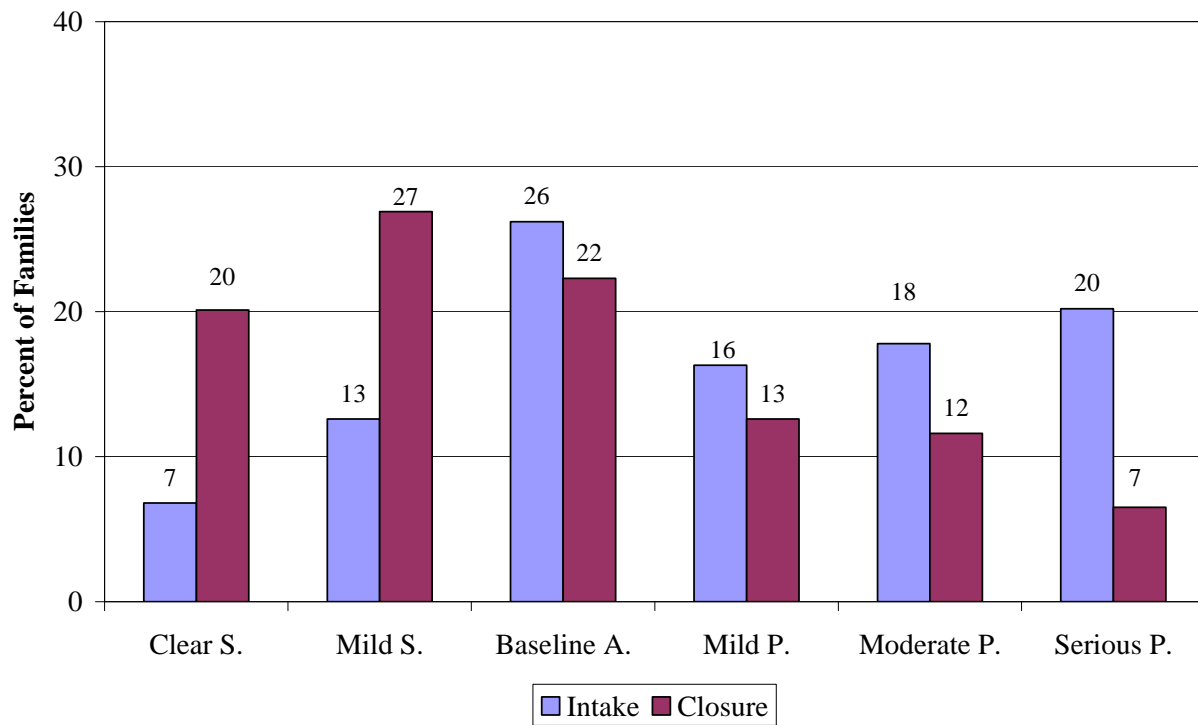
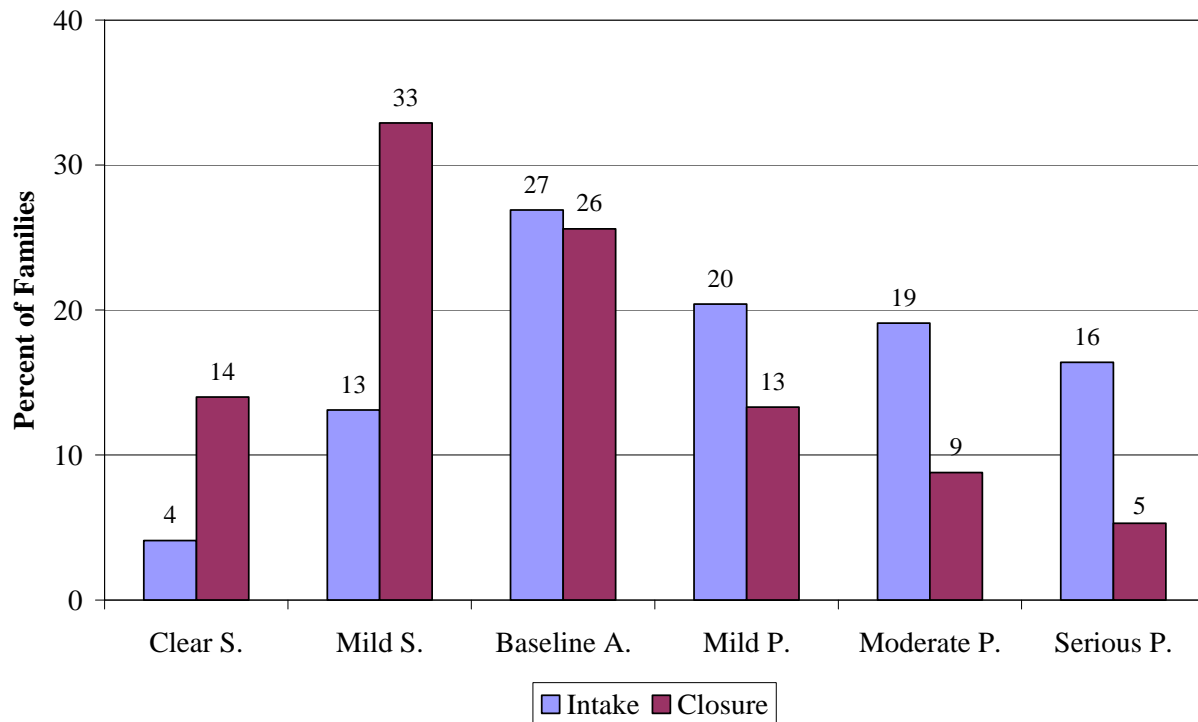


Figure 16. Child Well-Being Ratings at Intake and Closure



the beginning of service. This is not altogether surprising since Child Well-Being issues, along with Parental Capability Issues, Family Interaction Issues and Family Safety Issues, are likely to be the issues that initially bring the family to the attention of the referring agency. However, at the close of services, the large majority (73%) of families are at “Baseline/Adequate or above,” and nearly half (47%) are rated in the “strengths” range.

The last two domains on the NCFAS-R, Caregiver/Child Ambivalence and Readiness for Reunification, are domains specific to families attempting reunification. Results for the Caregiver/Child Ambivalence domain are presented in Figure 17. More families than on any other domain (59%) are rated “Baseline/Adequate or above” at intake on the Caregiver/Child Ambivalence domain. Although the majority of families (71%) are rated “Baseline/Adequate or above” at closure, this domain also shows the least overall change from intake to closure.

The Readiness for Reunification domain on the NCFAS-R reflects a similar pattern of change as presented for the Parental Capabilities domain, where the majority of families have problems at intake. These data are presented in Figure 18. At Intake, only 30% of families are rated as being at “Baseline/Adequate or above”. After services, half (54%) are rated as “Baseline/Adequate or above.” One-third (31%) of families are rated as having moderate or serious problems in this area at closure.

Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the FRS programs to influence the environment, parental skills, safety, interaction patterns and behavior, child well-being, and readiness for reunification to a substantial degree. Changes on Caregiver/Child Ambivalence, while evident, are less dramatic. This is due, at least in part, to the lower level of need recorded on this domain.

Figure 17. Caregiver/Child Ambivalence Ratings at Intake and Closure

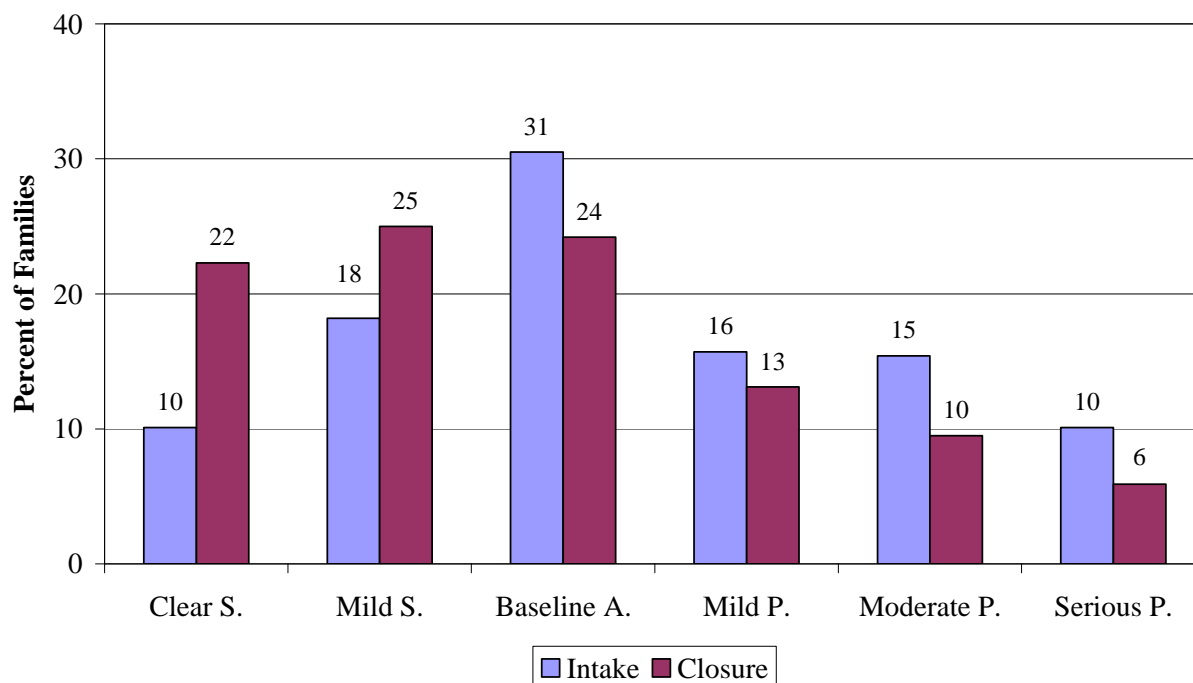
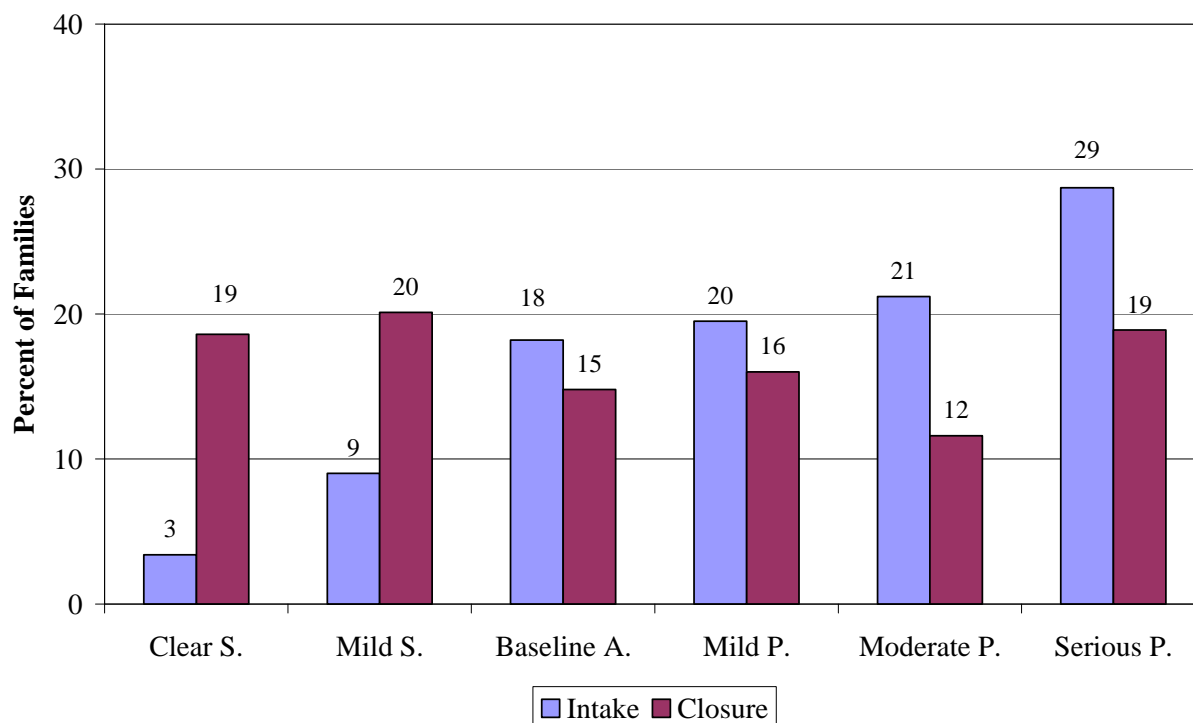


Figure 18. Readiness for Reunification Ratings at Intake and Closure



Change from Intake to Closure on NCFAS-R Domains

The aggregate data presented in the preceding section indicate the “population” shifts following receipt of FRS services, but do not indicate the amount of change in individual families. Examination of individual family change requires the computation and analysis of the change scores derived on each domain for each family in the cohort. The specific changes that occurred on each of the domains for the 661 families served are presented in Table 11. These same data are presented graphically in Figure 19.

Table 11. Level of Change Experienced by Families on Each Domain of the NCFAS-R during Family Reunification Services

Domain	Level of Change Per Family (Percent of Families) N=661				
	-1 or more	0 (no change)	+1	+2	+3 or more
Environment	8.1	39.2	28.3	13.4	11.1
Parental Capabilities	8.6	32.3	26.9	19.3	13.0
Family Interactions	9.1	35.9	27.2	17.8	10.0
Family Safety	5.8	39.0	25.9	14.8	14.6
Child Well-Being	5.0	39.1	25.0	16.0	14.8
Caregiver/Child Ambivalence	9.3	45.6	25.7	12.7	6.7
Readiness for Reunification	11.8	31.8	22.3	18.2	15.9

It can be seen in the graph that nearly half of families do not change on the domain of Caregiver/Child Ambivalence (46%). However, 2/5 to 2/3 of all families improve on the remaining domains: Environment, Child Well-Being, Family Safety, Family Interactions, Parental Capabilities, and Readiness for Reunification. Much of the improvement recorded is incremental (+1 or +2 scale intervals), however, 7%-16% of all families improved 3 or more

scale intervals. Because the NCFAS-R employs a 6-point scale, ranging from “serious problem” to “clear strength”, a 3-point shift during an intervention is very large. Note also that a few families (5%-12%, depending on the domain) deteriorate during FRS services. Deterioration on any domain significantly increases the likelihood that reunification will not occur by the end of service. The domain experiencing the largest deterioration is Readiness for Reunification.

Figure 19. Level of Change Experienced on NCFAS-R Domains

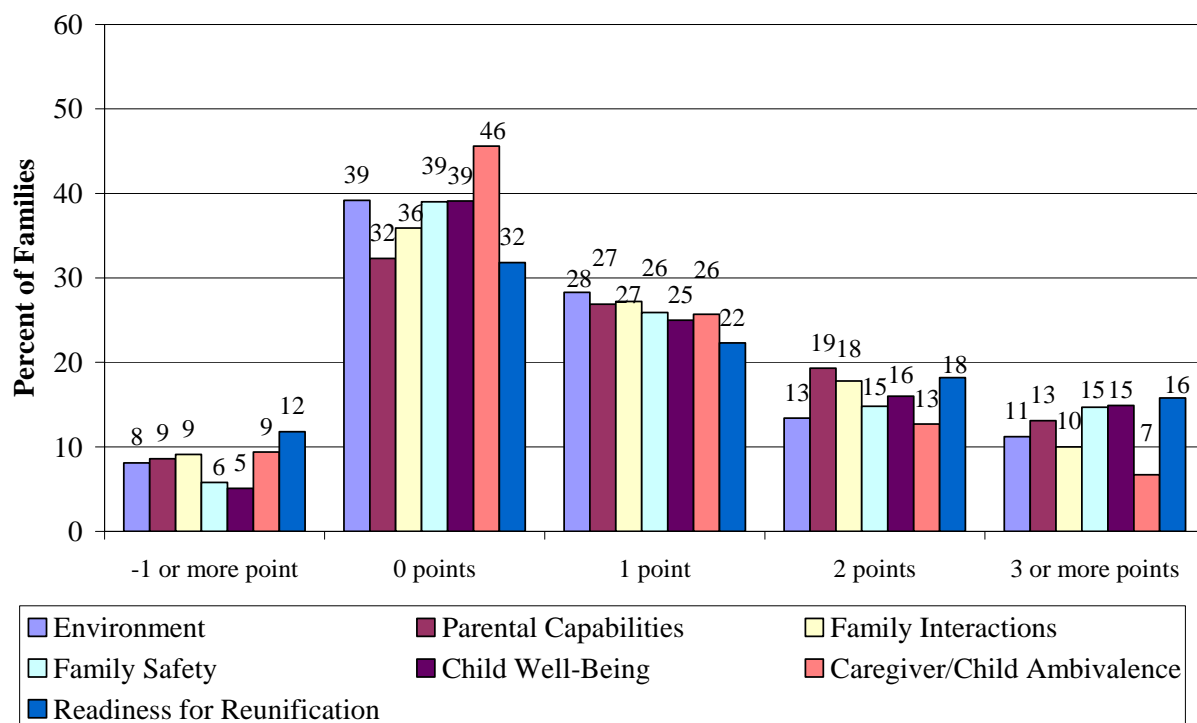
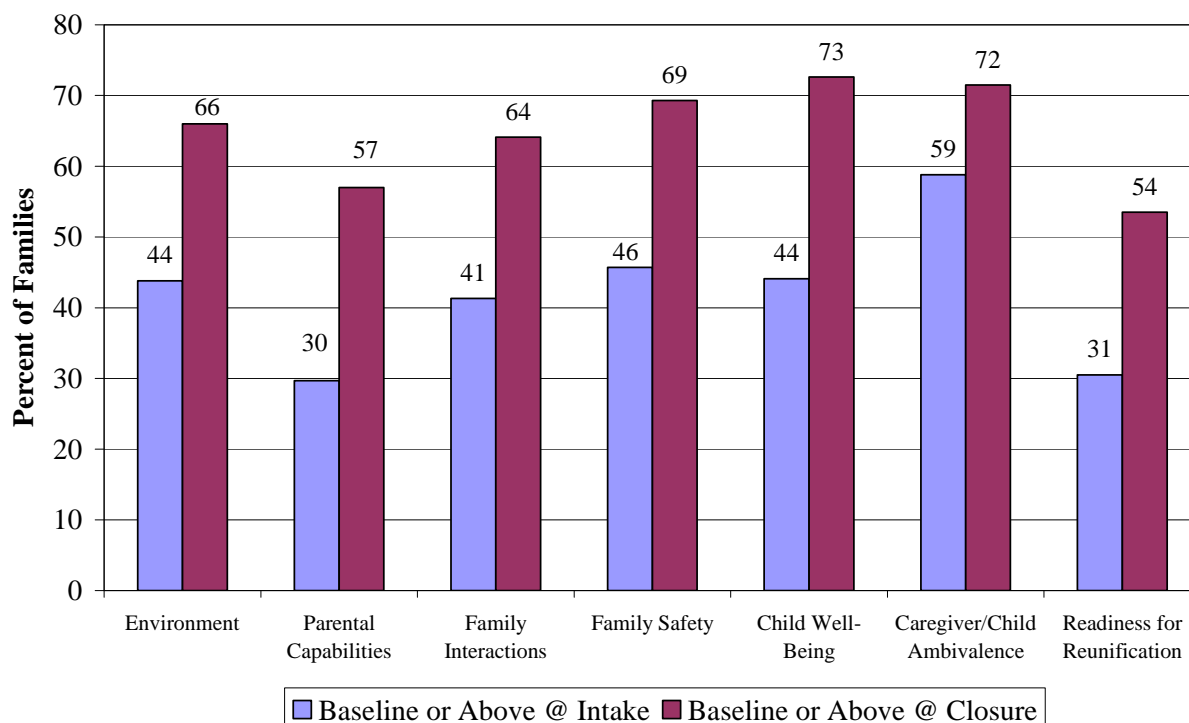


Figure 20 shows the percent of families rated at “Baseline/Adequate or above” at intake and closure. Each “intake/closure” comparison indicates substantial positive change in the population of families served, although approximately one-third to half of families remain below baseline (i.e., in the problem range of ratings) on one or more domain at the time of case closure.

Figure 20. Overall Change Experienced on NCFAS-R Domains



Reliability of the NCFAS-R

The FRS programs started out using the NCFAS-R Version R2.0 and became comfortable with its use. The NCFAS-R has had preliminary reliability and validity psychometrics established during a three-state field test of the instrument. The field test and reliability and validity statistics are available in the report : *Tailoring Intensive Family Preservation Services for Family Reunification Cases: Field Testing and Validation of the North Carolina Family Assessment Scale for Reunification*. This report is available and downloadable on the web at: <http://www.nfpn.org>. The sample size of more than 661 families comprised in this report is quite respectable for additional reliability and validity testing, and contributes

substantially to the ongoing examination of the reliability of the scale items. The results of the reliability analysis are presented in Table 12.

The Alpha levels range from .73 to .95 and reflect the internal consistency of the scale items. By convention among scale development theorists, Alphas above .7 are considered respectable, Alphas above .8 are considered strong, and Alphas above .9 are considered very strong. All but three of the Alphas are in the .8-.9 range, and the scale appears to be reliable when used in the present service environment with the present service population.

Table 12. Reliability Analysis for the NCFAS-R, SFY 2003 through SFY 2007

Domain	Valid N	Number of Items	Alpha
Environment at Intake	654	10	.919
Environment at Closure	652	10	.942
Parental Capabilities at Intake	657	7	.845
Parental Capabilities at Closure	652	7	.917
Family Interactions at Intake	656	5	.803
Family Interactions at Closure	654	5	.836
Family Safety at Intake	655	6	.770
Family Safety at Closure	656	6	.821
Child Well-Being at Intake	649	8	.734
Child Well-Being at Closure	642	8	.793
Caregiver/Child Ambivalence at Intake	653	6	.872
Caregiver/Child Ambivalence at Closure	653	6	.908
Readiness for Reunification at Intake	654	6	.900
Readiness for Reunification at Closure	654	6	.946

Case Closure Ratings and Reunification

Compelling changes in domain score ratings are noted on all seven domains. While the movement that families experience on the NCFAS-R ratings during FRS services is interesting in its own right, it is more meaningful when the changes in the scale scores are related to other

treatment outcomes. Of particular interest is the relationship between NCFAS-R scores and the reunification of children.

When the closure scores on the NCFAS-R are cross-tabulated with living in the home at case closing *a positive, statistically significant relationship is observed between strengths and the reunification of children, and between problems and failure to reunify* on all domains. On each of the domains, families in the “baseline/adequate to strengths” range at FRS closure are statistically over represented among families where all children are reunified in the home. Similarly, at the end of service, families in the problem ranges at FRS closure are statistically over represented in families where one or more child has not been reunified. The strength of these relationships is quite compelling. For the 661 families served during SFY 2003, 2004, 2005, 2006, and 2007, the results are:

- for Environment: Chi Square = 83.420, df = 5, $p < .001$;
- for Parental Capabilities: Chi Square = 141.985, df = 5, $p < .001$;
- for Family Interactions: Chi Square = 88.395, df = 5, $p < .001$;
- for Family Safety: Chi Square = 89.916, df = 5, $p < .001$;
- for Child Well-Being: Chi Square = 68.094, df = 5, $p < .001$;
- for Caregiver/Child Ambivalence: Chi Square = 92.039, df = 5, $p < .001$; and
- for Readiness for Reunification: Chi Square = 230.816, df = 5, $p < .001$.

These results indicate that FRS *interventions are capable of improving family functioning across all the measured domains, albeit incrementally, and these improvements in family functioning are statistically associated with family reunification.* These are important findings to FRS providers, administrators, policy executives and the legislature, not only in North Carolina, but also throughout the country. They are important because the reunification of these families is linked to measurable changes in family skills, strengths, circumstances, support, interaction patterns and a variety of other factors that comprise “family functioning.”

It is noteworthy that most families, regardless of their intake ratings across all seven domains, improve only incrementally on two or three domains. Indeed, families may remain in the “problem” ranges on one or more domains, even after successful FRS. It should not be surprising that families do not change on all domains, because families are not likely to have service plans that focus on all domains.

Findings of Special Interest from the Outcome-Focused Evaluation of North Carolina's Family Reunification Services Program

Some of the findings from this evaluation may present special opportunities for program improvement, or may require increased focus of attention from Family Reunification Program administrators. For example, while many children are reunited successfully with families, many other children are still in out-of-home placement at the time of case closure. The program data indicate that some children (about 16%) have a reunification pending for their next court hearing following Family Reunification Services case closure. If all, or even most of this 16% are reunified with family, the success statistics for the program would be increased substantially. Family Reunification Services administrators may want to examine ways to capture these data and relate them to the program.

Another factor that may work to the detriment of apparent program success, particularly when compared to other DSS programs, is the definition of “home” used in the reunification criteria for success. Presently “home” means literally the home of the parent, whereas in the IFPS and FPS programs “home” is defined as the original caretaker’s home, the home of a relative, or that of an approved family friend. To be sure, there are differences in the context of the programs (e.g., the concept of a placement being prevented by involving a family friend is qualitatively quite different than thinking about a family friend in the context of “reunification”), but some broadening of the definition of success within an appropriate context may both increase the likelihood of success for families and increase the success statistics for the program.

There appears to be fluctuation in some measures when examined over a five-year trend line beginning in SFY 2003. The total number of families served has generally increased over the last five years. There has been a significant reduction in the proportion of caretakers with a substance abuse problem, attributable to changes in program definitions. There appears to have

been a notable decrease in the time devoted to these reunification cases during the past few years. In SFY 2004, the time spent per case peaked at about 181 hours per case. This amount decreased to about 125 hours per case in SFY 2007. There is no apparent reason in the program data for this time reduction, although it may be related to budget issues or administrative decisions not reflected in the program data. Whatever the reason, there is an ongoing trend indicating a reduction in intensity of service (and therefore, dose) and a concomitant decrease in program success with respect to reunification.

With respect to children served, there have been significant changes in the data over the last five years. The proportion of minority children served has significantly increased over the last five years. The age of children served appears to be stabilizing. There appears to be fewer children living in the home setting at case opening and case closing, and more children remaining in DSS legal custody at case closing.

The North Carolina Family Assessment Scale for Reunification reflects substantial improvement in family functioning across all domains of measurement as a result of Family Reunification Services. There are two domains, however, where about one half of families are still “below baseline” at closure: Parental Capabilities and Readiness for Reunification.

Although many families improve on these domains, Family Reunification Services administrators may wish to examine the reasons that only half of all families served are achieving “baseline or above” status in these areas during the period of service. It is not clear whether parents are simply not responding to services, whether the services are ineffective, or whether progress is too slow to yield acceptable readiness within the timeframe of the services.

Finally, although quantitative data on model fidelity are scant, qualitative data suggest a great deal of variability in the program models operated under the Family Reunification Services

program. For example, some DSSs may refer families to FRS very early in the lives of those cases, and others may not refer them until other, less intensive or less costly options have been tried. In the first instance, the FRS provider has a better opportunity to work with the family prior to ambivalence setting in. Program elements like case load sizes, levels of intensity within different stages of the case, length of and intensity of post reunification step down services, and the like, are reported to vary considerably. It is difficult for program evaluators to provide declarative statements about successful models when the models are disparate, and vary both between and within programs throughout the evaluation period. DSS administrators may want to consider a more structured approach to funding FRS programs during the next round of program bids in order to reduce the sources of variability among programs that complicates the testing of model efficacy. For example, DSS may want to identify two or three program models for reunification and invite potential service providers to select one of the models and submit a quote for the cost of operating the chosen model, rather than creating numerous disparate or even unique models. Such an approach would permit DSS to test model fidelity as well as the efficacy of the service, and over time to move towards the most effective and efficient service delivery models.

APPENDIX A

Provider List for SFY 2006-2007 Family Reunification Programs

Region	Provider	Contact Person	Counties Served
Region 1	Mountain Youth Resources PO Box 99 Webster, NC 28779	Devona Finley (828) 586-8958 Fax: (828) 586-0649	Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Swain, Transylvania
Region 2	Appalachian Family Innovations 204 Avery Ave. Morganton, NC 28655	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Avery, Burke, Caldwell, Cleveland, Lincoln, McDowell, Mitchell, Polk, Rutherford, Yancey
Region 2 (subcontract)	Gaston Co. DSS 330 N. Marietta St. Gastonia, NC 28052	Penny Plyler (704) 862-7989 Fax: (704) 862-7885	Gaston
Region 3	Rainbow Center, Inc. 517 Boston Ave. North Wilksboro, NC 28659	Glenda Andrews (336) 667-3333 Fax: (336) 667-0212	Alleghany, Ashe, Watauga, Wilkes, Yadkin
Region 3	Appalachian Family Innovations 204 Avery Ave. Morganton, NC 28655	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Alexander, Iredell
Region 3	Community LINK 601 East 5th St. Suite 220 Charlotte, NC 28202	Dennis Daughtery (704) 943-9513 Fax: (704) 973-9519	Mecklenburg
Region 3	Catawba Co. DSS PO Box 669 Newton, NC 28658	Patricia Meredith (828) 261-2517 Fax: (828) 328-4729	Catawba
Region 4	Youth Opportunities 205 N. Spruce St. Suite #3 Winston-Salem, NC 27101	Robert Beasley (336) 724-1462 Fax: (336) 724-1464	Davie, Forsyth, Stokes
Region 4 (subcontract)	Exchange Club/SCAN 500 West Northwest Blvd. Winston-Salem, NC 27105	Cynthia Napoleon- Hanger (336) 748-9028 Fax: (828) 748-9030	Rockingham, Surry
Region 4	Community LINK 601 East 5th St. Suite 220 Charlotte, NC 28202	Dennis Daughtery (704) 943-9513 Fax: (704) 973-9519	Cabarrus, Davidson, Rowan, Stanly, Union
Region 5	The Family Center in Alamance ^I 711 Hermitage Rd. Burlington, NC 27215	Sarah Black (336) 438-2072 Fax: (828) 438-2010	Alamance, Orange
Region 5	Family Services of the Piedmont 315 East Washington St. Greensboro, NC 27401	Andrea Huckabee (336) 387-6161 Fax: (336) 387-9167	Anson, Guilford, Montgomery, Randolph
Region 6	The Family Resource Center of Raleigh, Inc. 1035 Halifax St. Raleigh, NC 27601	Kim Best (919) 834-2136 Fax (919) 834-1377	Chatham, Durham, Franklin, Hoke, Lee, Moore, Richmond, Scotland, Wake
Region 7	Martin County Community Action, Inc. 314 Ray St. Williamston, NC 27895-0806	Tina Garrett (252) 792-7111 Fax: (252) 792-1248	Bladen, Brunswick, Columbus, Cumberland, Harnett, New Hanover, Pender, Robeson, Sampson

Region	Provider	Contact Person	Counties Served
Region 8	Choanoke Area Development Assoc. PO Box 530 Rich Square, NC 27869-0530	Deborah Tucker (252) 537-9304 Fax: (252) 539-2048	Edgecombe, Halifax, Nash, Warren
Region 8	Methodist Home for Children PO Box 10917 Raleigh, NC 28605	Michelle Gentry (919) 739-0099 Fax (919) 755-1833	Duplin, Greene, Johnston, Wayne, Wilson
Region 9	Martin County Community Action, Inc. 314 Ray St. Williamston, NC 27895-0806	Tina Garrett (252)792-7111 Fax: (252) 792-1248	Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Northampton, Pasquotank, Perquimins, Pitt
Region 10	Methodist Home for Children PO Box 10917 Raleigh, NC 28605	Michelle Gentry (919) 739-0099 Fax (919) 755-1833	Beaufort, Cartaret, Craven, Dare, Hyde, Jones, Lenoir, Onslow, Pamlico, Tyrrell, Washington

¹The actual contract for this area was with Exchange SCAN, however they were acting as a fiscal agent only.

APPENDIX B

Program Allocations and Expenditures for SFY 2006-2007 Family Reunification Programs

Region	Provider	Allocation	Actual Expenditure
Region 1	Mountain Youth Resources	\$ 201,479	\$ 200,709
Region 2	Appalachian Family Innovations	\$ 227,756	\$ 216,150
Region 2	Gaston Co. DSS (subcontract) ¹	\$ 52,294	\$ 52,294
Region 3	Rainbow Center, Inc.	\$ 64,596	\$ 64,596
Region 3	Appalachian Family Innovations ²	\$	\$
Region 3	Community LINK	\$ 139,953	\$ 139,372
Region 3	Catawba Co. DSS	\$ 58,444	\$ 35,539
Region 4	Youth Opportunities	\$ 56,563	\$ 53,495
Region 4	Exchange SCAN (subcontract) ¹	\$ 80,304	\$ 69,458
Region 4	Community LINK	\$ 150,729	\$ 135,170
Region 5	The Family Center in Alamance	\$ 55,370	\$ 55,206
Region 5	Family Services of the Piedmont	\$ 133,801	\$ 131,130
Region 6	The Family Resource Center of Raleigh, Inc.	\$ 226,000	\$ 226,000
Region 7	Martin County Community Action, Inc.	\$ 263,630	\$ 221,230
Region 8	Choanoke Area Development Assoc.	\$ 81,516	\$ 68,567
Region 8	Methodist Home for Children	\$ 95,203	\$ 92,472
Region 9	Martin County Community Action, Inc.	\$ 67,657	\$ 59,444
Region 10	Methodist Home for Children	\$ 130,722	\$ 121,876
TOTALS		\$ 2,086,017	\$ 1,942,708

¹Programs designated as subcontracts are subcontracts of the agency listed directly above them. The contract with the Division represents the sum of the allocation of the primary contractor and the subcontract.

²The contract with Appalachian Family Innovations includes services to Region 2 as well as Region 3 and the subcontract with Gaston County DSS. Therefore Region 2 and 3 expenses were billed together.